ID photo of learner

APPLICATION for Financial Assistance 2026/2027

DETAILS of LEARNER

Surname: _____

Full names: _____

Known as: _____

Cellphone number (learner): _____

Identity Number: _____

Age: _____ years _____ months

Residential address of learner: _____

Religious denomination: _____

Year applied for: _____

Grade in which learner will be: _____

Preferred language of instruction: _____ Home Language: _____

Sport activities participating in: _____

Sport achievements & current team: _____

Cultural activities participating in: _____

Cultural achievements: _____

Musical instrument played: _____

Name of School: _____

Address of present school: _____

Telephone Number of school: _____

Email of school: _____

LEARNER MEDICAL INFORMATION

Health Problems: _____

Medical Aid Name: _____

Medical Aid Number: _____

Medical Aid main member: _____

Please complete information for both parents below (except if a parent is deceased):

INFORMATION OF	**Father/Guardian**	**Mother/Guardian**
Title:		
Initials:		
Known as:		
Surname:		
ID Number:		
Cellphone no:		
Marital Status:		
Name of employer:		
Work address:		
Telephone No Work:		
Residential address:		
Email address:		
Contact No friend Or relative:		
School Fees paid by:		

Please note that the MIA VAN REENEN FOUNDATION only consider paying for PUBLIC SCHOOL fees.

Please note that we do not accept incomplete applications!

**** All information will be kept confidential and the Mia Van Reenen Foundation reserves the right to the consideration of the final decision to all applications.***

TYPE OF APPLICATION:

Please complete all applicable sections:

I am applying for the total amount of:_____

SECTION A: Information required for ALL applications

Please attach *CERTIFIED* copies of the following documents:

- **Divorce settlement or Death certificate or Court order for Guardianship**
- **Pay slips for the last 3 months**
- **Copy of ID document (learner AND parent/guardian)**
- **Latest Academic Report of learner**
- **Proof of costs on the letterhead of school or organization**
- **Confirmation of banking details by school or organization (account where money has to be paid—we only make payments directly to schools or organizations, not to applicants).**
- **Letter of motivation for financial assistance**

SECTION B: Only to be completed for applications more than R10 000

Please attach *CERTIFIED* copies of the following *additional* documents:

- **Last 3 months bank statements of ALL bank accounts in your name**
- **Latest IRP5 from each employer *(payments will not be approved without this document)***
- **Testimonial of child from the school he or she attends**

SECTION B (continued)

Financial information of parent applying for assistance

Gross income per year as indicated on IRP5 form: R_____

Monthly income R_____

Monthly budget plan: (monthly expenses)

⇒ Accommodation (home loan/rent) = R_____

⇒ Travelling (Petrol/taxi) = R_____

⇒ Food and clothing = R_____

⇒ Municipality = R_____

⇒ Cellphone/TV = R_____

TOTAL: R_____

(section B continues on the next page)

Address:
16 Egerton Road
Herlear, Kimberley
8301

NPO reg. no. K2021547967
PBO no. 930075105
info@miafoundation.co.za

SECTION B (CONTINUED)

(IMPORTANT: If anything is not applicable in this next section, please write "not applicable" next to it and sign your initials there)

DECLARATION UNDER OATH

I, _____

declare under oath that:

1. I have a job and receive a gross salary of R_____ per month
2. I am unemployed and receive a grant or pension of R_____ per month.
3. I am unemployed and receive no income per month.
4. I will notify the Mia van Reenen Foundation immediately if my address or circumstances change.
5. I am applying for financial assistance and do not want my former spouse (mother/father) of my child/children involved. My reason for this is:

   _____

   _____
6. I have no contact with my child/children's other estranged biological parent. This parent's information is the following: (according to my knowledge)

- Full name and surname:_____
- ID number/Date of birth: _____
- Latest residential address known to me:

  _____
- Latest work address known to me:

  _____
- Latest postal address known to me:

  _____
- All contact numbers known to me: _____

SECTION B (CONTINUED)

_____

SIGNATURE OF DECLARER

Sworn and signed at _____ on this _____day of _____ by the declarer who declares that he/she is fully aware of the content of this declaration; that he/she has no objection against taking this prescribed oath and that he/she sees this oath as binding on their conscience.

STAMP:

_____

COMMISSIONER OF OATH

AREA:_____

CAPACITY:_____

(Section B continues on the next page)

Address:
16 Egerton Road
Herlear, Kimberley
8301

NPO reg. no. K2021547967
PBO no. 930075105
info@miafoundation.co.za

SECTION B (CONTINUED)

DECLARATION BY BANKS:

This section needs to be completed by an official employee from EACH Bank on the list:

To whom it may concern.

Mr./Mrs./Miss_____ (name of the applicant)

ID:_____

Official Bank employee to kindly confirm all bank account numbers of the person mentioned above, OR state *"no accounts"* if the person does not have accounts at your bank. Official Bank stamp is also required:

Name of Bank	Name of the account holder	Account Number for each account	Official Bank Stamp and name & signature of Bank employee
ABSA Bank			
CAPITEC Bank			

(Section B continues on the next page)

SECTION B (CONTINUED)

Name of Bank	Name of the account holder	Account Number for each account	Official Bank Stamp and name & signature of Bank employee
FIRST NATIONAL			
NEDBANK			
STANDARD BANK			

(Section B continues on the next page)

SECTION B (CONTINUED)

As both DISCOVERY BANK and INVESTEC BANK are online Banks, please go to www.discovery.co.za and www.investec.com to the banking section and request proof for your bank account. If you do not have a Discovery Bank account or an Investec Bank account, follow the same process and request proof that you do not have an account. You will have to include a copy of your ID when sending your request, as well as scanning and mailing this form below to be stamped and signed by an official bank employee.

Name of Bank	Name of the account holder	Account Number for each account	Official Bank Stamp and name & signature of Bank employee
DISCOVERY BANK			
INVESTEC BANK			

(end of section B)

To be completed by the applicant:

SUBMISSION OF APPLICATION

This application and supportive information can be emailed to **info@miafoundation.co.za** or submitted in a sealed envelope in person to **Mrs. Adèle Viljoen.**

(email: adele@miafoundation.co.za to make an appointment)

_____

Full name and surname of applicant (parent/guardian)

_____

Applicant (Parent/Guardian) signature

_____

Date