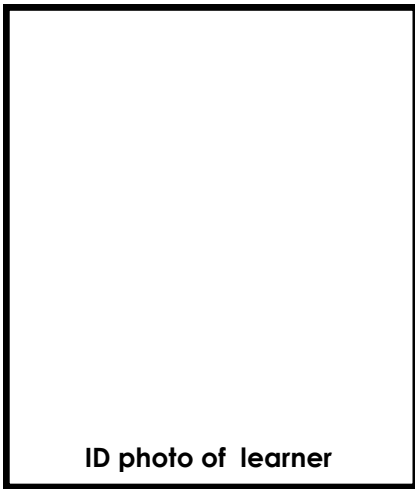




ID photo of learner

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)



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:

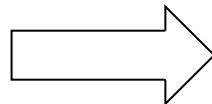
 - All contact numbers known to me: _____



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)



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