APPLICATION FOR BRIDGES OF SUCCESS PROGRAMME

Instructions:

1. Read carefully before completing, signing or submitting this form.
2. Ensure that this form is completed in full.
3. Complete in BLOCK LETTERS.
4. Ensure that this form is duly signed.
5. Application forms with incomplete information will be disqualified.
7. Application forms with incorrect information will lead to your application being disqualified.

Ensure that you meet the following:

8. Applications received after the closing date will not be considered.
9. Send completed form to: info@echoerinvale.co.za

Section A: Personal Details

Name:

Surname:

Gender: F | M | Other

Race: African | Coloured | Indian | White | Other

ID Number:

Address:

Postal Code:

Email Address:

Cell Number

Section B: School Details

School:

Grade:

School Address:

Postal Code:

Section C: Joining The Bridge to Success Programme

Tell us about yourself and why you should be considered for the Bridge to Success Programme:

Section D: Declaration

Parent Full Name

Signature of Parent: ----------

Date: ----------

Signature of Applicant: ----------

Date: ----------