

MOTH GENERAL HEADQUARTERS

MEMORABLE ORDER OF TIN HATS

The General Secretary

MOTH DOUG HURST MEMORIAL EDUCATIONAL FUND

P.O. Box 2549 DURBAN 4000

APPLICATION FOR FINANCIAL ASSISTANCE

*THIS QUESTIONNAIRE IS TO BE COMPLETED IN DETAIL AND IN **CAPITAL LETTERS**.*

*THE FORM IS TO BE RECEIVED AT MOTH GHQ BY NO LATER THAN **16 DECEMBER** OF EACH YEAR.*

1	SURNAME (PARENT / GUARDIAN)	<input type="text"/>
2	FIRST NAMES (PARENT / GUARDIAN)	<input type="text"/>
3	POSTAL ADDRESS (PARENT / GUARDIAN)	<input type="text"/>
4	<u>CONTACT DETAILS</u>	
A	TELEPHONE	<input type="text"/>
B	MOBILE	<input type="text"/>
C	E-MAIL	<input type="text"/>

FORMAL PROOF OF GUARDIANSHIP, IF APPLICABLE, MUST BE ATTACHED

5	SURNAME (STUDENT)	<input type="text"/>
6	FIRST NAMES (STUDENT)	<input type="text"/>
7	POSTAL ADDRESS (IF DIFFERENT FROM 3, ABOVE)	<input type="text"/>
8	<u>CONTACT DETAILS</u>	
A	TELEPHONE	<input type="text"/>
B	MOBILE	<input type="text"/>
C	E-MAIL	<input type="text"/>
9	A DATE OF BIRTH	<input type="text"/>
	B IDENTITY NUMBER (ATTACH A COPY OF I.D.)	<input type="text"/>
10	EDUCATIONAL STANDARD ACHIEVED	<input type="text"/>
11	SCHOOL, COLLEGE/TECHNIKON OR UNIVERSITY ATTENDING. (PROVIDE POSTAL ADDRESS, CONTACT DETAILS AND BANKING DETAILS IN FULL)	<input type="text"/>
		<input type="text"/>
		<input type="text"/>

12 STUDENT REGISTRATION NUMBER

13 PROPOSED COURSE OF STUDY

14 PROVIDE ANY ADDITIONAL INFORMATION THAT
MAY BE CONSIDERED APPROPRIATE

15 HAVE YOU PREVIOUSLY RECEIVED ASSISTANCE
FROM THIS FUND? IF **YES**, STATE WHEN

16 **REFERENCES.** PROVIDE TWO OFF THAT WILL TESTIFY TO THE APPLICANT'S CHARACTER AND ABILITY.
ONE OF THESE MUST COME FROM THE PRINCIPAL.
(ATTACH THE REFERENCES TO THIS APPLICATION)

17 GIVE FULL PARTICULARS, IF ANY, OF SCHOLARSHIPS
OR BURSARIES GRANTED FROM OTHER BODIES OR
INSTITUTIONS

18 DETAILS OF MONTHLY EARNINGS OR THE PARENTS /
GUARDIANS. ATTACH PROOF TO THIS APPLICATION

DATE

SIGNATURE OF APPLICANT

RECOMMENDATION: GIVE DETAILS OF THE APPLICANT'S MOTH CONNECTION.

THE FOLLOWING STATEMENT, SIGNED BY THE SHELLHOLE OLD BILL, SHALL CERTIFY
THAT THERE IS A REAL NEED FOR FINANCIAL ASSISTANCE AND THAT, BUT FOR
SUCH ASSISTANCE, THE APPLICANT'S AIMS CANNOT BE IMPLIMENTED WITHOUT
EXTREME HARDHIP TO THE PARENTS OR GUARDIANS.

DATE
SHELLHOLE NAME
SHELLHOLE OLD BILL
NAME
SIGNATURE

DATE
DISTRICT DUGOUT NAME
DISTRICT OLD BILL
NAME
SIGNATURE

DATE
PROVINCIAL DUGOUT NAME
PROVINCIAL OLD BILL
NAME
SIGNATURE

FOR MOTH OFFICE USE ONLY:

DATE RECEIVED

APPROVAL *APPROVED* *REJECTED*

SIGNATURE OF FUND SECRETARY