

"Train a child in the way he should go, and when he is old he will not turn from it." Proverbs 22:6



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ALEXANDRIA CHRISTIAN ACADEMY

FINANCIAL ASSISTANCE APPLICATION FORM 2026

Please attach the following documents.

No application will be processed without the following documentation.

- Certified copy of the applicant's ID
- Certified copies of salary slips (not older than 3 months) from both parents/guardians
- Monthly budget statement with income and expenses
- Add a page where you write a paragraph of what value will your child add to the school – reasons why he deserves a sponsorship (special talents, gifts, hard worker, good results ect.)
- Three months bank statements of both parents/guardians

A. STUDENT DETAILS:

Surname: _____

First Names: _____

ID Number: _____

Gender: M/F

Permanent Home Address: _____

Postal Code: _____

Cell Number: _____

B. FATHER DETAILS:

Surname: _____

First Names: _____

ID Number: _____

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God's love and the tool of Christian Education in Excellence*

Marital status: Married/Single/Widowed/Divorced

Permanent Home Address: _____

Postal Code: _____

Cell Number: _____

Occupation: _____

Employer Name: _____

Employer Contact Number: _____

C. MOTHER DETAILS:

Surname: _____

First Names: _____

ID Number: _____

Marital status: Married/Single/Widowed/Divorced

Permanent Home Address: _____

Postal Code: _____

Cell Number: _____

Occupation: _____

Employer Name: _____

Employer Contact Number: _____

D. APPLICANT DECLARATION

I (INSERT FULL NAME) _____

Hereby declare that the information stated in this application is true to the best of my knowledge. I have submitted this information knowing that if I wilfully state anything in it which I know to be false or which I do not believe to be true, I may be ineligible for financial assistance, and/ or disciplinary/legal action may be taken against me by the Academy, including immediate cancellation of the bursary, upon which time the bursary will immediately become due for repayment. I further undertake to inform the Financial Officer timeously of any change in my circumstances. I acknowledge should I fail to do so and continue to receive financial assistance which I would not be entitled to by reason of my circumstances the Academy may have resources against me in the ways set out above.

STUDENT SIGNATURE: _____ DATE: _____

PARENT/LEGAL GUARDIAN SIGNATURE: _____ DATE: _____

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