

Student Bursary Program Application / Referral Form



Society of St Vincent de Paul

National Council of Zambia

PO Box 31319 Lusaka

ssvpzambia@gmail.zm

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| Referring Conference: | | |
| Referring Council: | | |
| Student Details | | |
| Sur Name: | | Other Names: |
| Address: | | |
| Age: | Gender: M / F | Date of Birth: |
| Parent/Guardian's name: | | |
| Phone/contact details: | | |
| Support Details | | |
| Details of support requested: | | |
| Reason support is requested: | | |
| Total amount requested (K): | | |
| <i>Please attach a quote or letter of acceptance from the institution providing the education.</i> | | |
| Institution's Details | | |
| Banking details for institution, should the student be offered a bursery, for funds to be transferred: | | |
| Society Recommendation | | |
| Name of referring Conference President: | | |
| Signature of referring Conference President: | | |
| Name of Central Council President endorsing application: | | |
| Signature of Central Council President endorsing application: | | |
| Additional Notes: | | |
| National Council decision: | | Amount Approved / Declined: K |
| Signed: | | Date: |