



SMART SAVERS CLUB
GSAT BURSARY/SCHOLARSHIP

APPLICATION FORM

TICK THE APPROPRIATE BOX

BURSARY

SCHOLARSHIP

NAME: _____

ADDRESS: _____

SCHOOL ATTENDED: _____

SMART SAVERS A/C #: _____

GSAT SCORES: _____

NAME OF PARENT(S): _____

DIVISION: _____

CONTACT #: _____

OFFICE USE

BURSARY

SCHOLARSHIP

APPROVED

NOT APPROVED

REASON (S) _____

SIGNATURE _____

DATE _____