

SECTION III REFEREES (should not be a relative and be above 21 years of age)	
Name of first referee :	Occupation :
No. of years of association :	As :* Principal/Teacher/Coach/Tutor/ Other : _____
Comments on applicant / attach separate testimonial if preferred :	
Name of second referee :	Occupation:
No. of years of association :	As :* Principal/Teacher/Coach/Tutor/ Other : _____
Comments on applicant / attach separate testimonial if preferred :	

I declare that the information I have furnished above is, to my knowledge, true and accurate.

Signature of Applicant

Date

Name : _____

We, the parents and / or legal guardians of the above named applicant hereby confirm that we are aware of her application for this scholarship and agree to her application for it.

Name

Signature

Name

Signature

Date : _____

To be completed by HOD (Aesthetics, CCA & PE)

Name: _____

Comments: _____

Scholarship renewal

Strongly Recommended Recommended Not Recommended

To be completed by School Principal

The application is : approved not approved.

Mrs Low Ay Nar
Principals' Name

Signature

Date