



"Adfecto ab advolo abi aquilas"

2025/2026 SCHOLARSHIP APPLICATION

FOUNDERS 10 SCHOLARSHIP AND SPCC SCHOLARSHIP PROGRAM

www.stpetercollege.co.za



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APPLICATION INSTRUCTIONS

Please read the following instructions before filling the application form:

1. The form must be completed in full.
2. The form needs to be completed in English, preferably.
3. Applicants are required to submit the following documents:
 - Copy of previous Report Card
 - Copy of Birth Certificate
 - Copy of Parent/Guardian ID
 - Proof of Income of Paren/Guardian
 - Proof of Address
 - Copy of Permanent/Temporary Residency or Study Visa
 - Motivation Letter not more than A4 page.
4. Completing the form does not necessary mean that the scholarship has been granted.
5. Application Period - The application for the scholarship program will be opened from the **1 November 2025** and the last date for recieving completed application forms will be the **30 November 2025**.
6. The Founders 10 Scholarship Program is valid for 2 years and the SPCC Scholarship Program is valid for only 1 year.
7. Any application which does not meet the prerequisites will be rejected.
8. All applications will be reviewed by a Scholarship Panel, who will equally and fairly decide on the successful applicants.



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APPLICATION FOR SCHOLARSHIP PROGRAM

NOTE: This form must be completed in full. All changes to be initialed or signed by parent/guardian. Completing the form does not necessarily mean the scholarship has been granted.

Scholarship Type Applying For: **Founders 10** **SPCC Scholarship** Current Grade

LEARNER INFORMATION

Surname:				Initials:	Nickname:	
First Name:				Other Names:		
Date Of Birth: YYYY		MM	DD	Gender:	Male:	Female:
Race:				Identification/Passport No:		
Country of Residence:				Citizenship:		
If SA, indicate province of residence:						
Physical Address:				Home Tel:		
				Emergency Tel:		
City/Suburb:				Home Language:		
Deceased Parent:		Mother	Father	Both	Mode of Transport:	
Religion:						

PARENT/GUARDIAN INFORMATION

Title:	Initials:	Surname:			
First Name:		Gender:	Male	Female	
Home Language:		Race:			
Identification Number:		Citizenship:			
Physical Address:					
City/Suburb:		Code:			
Occupation:		Employer:			
Contact Number:		Email Address:			



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APPLICATION FOR SCHOLARSHIP PROGRAM

SPOUSE INFORMATION

Title:	Initials:	Surname of Spouse:		
First Name:		Gender:	Male	Female
Home Language:		Race:		
Identification Number:		Citizenship:		
Physical Address:				
City/Suburb:		Code:		
Occupation of Spouse:		Employer:		
Contact Number:		Email Address:		
Relationship to Learner:		Learner resides with this parent/s: Y N		
Marital Status of parent:				

CORRESPONDENCE DETAILS

Title:	First Name:	Surname:		
Physical Address:				
City/Suburb:		Code:		
Contact Number:		Email Address:		

I hereby declare that the information furnished above is true and accurate.

Name of Parent/Guardian:.....

Signature of Parent/Guardian:.....

Date:...../...../.....

Office use only:

1. Date Received:	2. Accepted:	3. Rejected		
4. Reason for Rejection:		5. All Required Documentation Received:		Y N