

**QuadPara Association of South Africa (QASA)**

PO BOX 2368, PINETOWN, 3600; 17 Hamilton Crescent, Gillitts, 3610

Tel: 031 7670348 / 7670352 Fax: 031 7670584

NPO 000-881

2017 EDUCATION FUND ASSISTANCE FORM**All applications must go through your Regional Association office.**

Applicant Name				Identity Number			
Address					Race Group		
				Fax		Cell Number	
Telephone			Fax		Cell Number		
Email							
State Disability							
Are you a member of a disability organisation?							
	Yes	No	If so, whom?				
Please state if you are employed, have access to a disability grant or have any other sources of income:							
						Monthly income	R
Institution Name							
Course (submit proof of acceptance)							
Cost of Tuition (submit supporting documents)							
What will your contribution be?							
Have you tried other funding avenues? If so, what?							
DECLARATION							
I, _____, hereby undertake to complete the course to the best of my ability, and I understand that I will have to repay QASA's contribution if I fail to complete the course. Only fully completed applications with supporting documents, a full body picture and copy of Identity will be considered. By signing this you agree that QASA can use your photo for promotional purposes. QASA will respond to your application in writing and QASA's decision should be considered final and no further correspondence will be entered into. Successful applicants must submit a Thank You letter.							
Signature:					Date:		
<i>For office use only</i>							
Date received		Photo	ID	Acceptance	Costs		