

**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

2019 EDUCATION FUND ASSISTANCE FORM**All applications must go through your Regional Association office.**

Applicant Name				Identity Number				
Address				Race Group				
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 a certified copy of your 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	Certified ID	Acceptance	Costs		