



## The Cassandra June Carter Bursary Application

STUDENT FULL NAME		CURRENT YEAR LEVEL		
RESULTS Semester 1	Semester 2	Semester 1		
	Result Subject	Result Subject	Result	
STUDENT	PARENT/GUAI	RDIAN, parent/guardian of		
, understand that should I be grante the privilege of a Cassandra June Bursary, I will be expected to main my academic performance.	ed support his/her applica Carter that should my child b tain the balance of educati	support his/her application for The Cassandra June Carter Bursary. I understand that should my child be granted a Bursary, I will still be responsible for meeting the balance of educational expenses not covered by the Bursary and that failure to meet these expenses by the due dates may result in the loss of the Bursary.		
Signature	Signature	Signature		