



Declaration and Signature:

I authorize Heritage College & Seminary to release a copy of this application to the Scholarship Committee.

I understand that I am responsible for promptly notifying the Scholarship Committee in writing of changes to my income/assets/expenses.

I understand that any changes may result in a reassessment.

I understand that the collection of personal information provided on this application or accompanying documentation is used solely for the purpose of determining my eligibility for bursary assistance.

I declare that all of the information that I have given on this form is true and accurate. If any information is inaccurate, I understand that any bursary awarded may be reassessed and/or withdrawn.

Applicant Name

Applicant Signature

Date

