Anchors of Grace NPC Reg nr 2025/712640/08

Beneficiary Application Form – Financial Support

We are here to walk alongside you. Please complete this form honestly and attach the necessary documents so that we can process your application fairly.

1. Personal Information

Full Name:

_____

ID Number:

_____

Date of Birth:

_____

Contact Number:

_____

Email Address (if any):

_____

Residential Address:

_____

_____

2. Status Verification

□ Widow (Please attach spouse's death certificate)
□ Single Mother/single household income (Please attach affidavit/legal proof)

Number and ages of children/dependants:

_____

_____

3. Financial Situation

Are you currently employed? □ Yes □ No
If yes, monthly income: R

_____

If no, source of support (e.g., SASSA grant):

_____

Monthly household expenses (approx.): R

_____

Total debt amount: R

_____

Please attach proof of debt (letters, statements, etc.).

4. Assistance Requested

Please explain briefly what type of financial assistance you need help with (school fees, medical bills, rent, etc.):

_____

_____

_____

_____

_____

_____

5. Commitment

By applying for support, I agree to:

☑ Use any funds received only for the approved purpose.
☑ Provide receipts or proof of payments made with the funds.
☑ Participate in mentorship, savings groups, or skills programmes if invited.

6. Declaration

I declare that the information provided in this application is true and correct. I understand that any false or misleading information may disqualify me from receiving assistance.
Applicant's Full Name:
_____

Signature: _____

Date:_____

Kindly download all the requested documents and send back to info@anchorsofgrace.co.za
1. Application Form
3. List of Debts/Quotations from study institutions
4. ID
5. Proof of status (death certificate/divorce settlement/affidavit)
6. 3 months bank statements