

Facebook : Handicapped Scuba Association SA

https://www.facebook.com/HandicappedScubaAssociationSA?ref=br\_tf

Website : www.hsa-sa.co.za NPC nr : 2014/027833/08

## Contact us:

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Application Form For Funding of HSA SA Open Water Course

Name:	Surname: _				
ID No.:					
Gender: M F	Date of birth:	day	month	year	
Address:	(Street)		_(Town)	(Posta	l Code)
Tel/Cell:	Disability type	e:			
Are you currently employed?	Yes No				
Occupation:					
If you are not currently employed	d, do you have any other means of income?	Yes	No		
Please tick the block of the rang	e of your income (whether you are employed	or not).			
	Less than R5000 More than R5000				
Will you be able to pay for your	open water course, to the cost of R5800?	Yes	No		
Do you have your own transpor	t? Yes No				
Will you go on future scuba divir	ng trips with HSA SA? Yes No				
Will you be able to pay for your	own spot on these trips, to the estimate cost	of +/ <sub>-</sub> R200	0 - R3000?	Yes N	No
If not able to pay for your own sp	pot on scuba diving trips, will you be willing to	assist wit	h raising fund	ds? Yes	No
I,	_, the undersigned, declare that all the inforn	nation give	en is to the be	est of my knov	vledge, true and correct.
				/	/
Applicant's signature					



