



Handicapped Scuba Association S.A.

Facebook : Handicapped Scuba Association SA

https://www.facebook.com/HandicappedScubaAssociationSA?ref=br_tf

Website : www.hsa-sa.co.za

NPC nr : 2014/027833/08

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Application Form For Funding of
HSA SA Scuba Diving Trip

Name: _____ Surname: _____

ID No.:

Gender: M F Date of birth:
day month year

Address: _____ (Street) _____ (Town) _____ (Postal Code)

Tel/Cell: _____ Disability type: _____

Are you currently employed? Yes No

Occupation: _____

If you are not currently employed, do you have any other means of income? Yes No

Please tick the block of the range of your income (whether you are employed or not).

| | |
|--|--|
| <input type="checkbox"/> Less than R5000 | <input type="checkbox"/> More than R5000 |
|--|--|

Do you have your own transport for scuba diving trips? Yes No

Will you be able to pay for your own spot on these trips, to the estimate cost of +/- R2000 – R3500? Yes No

Do you have any helpers to assist you? Yes No If so, how many? _____

If you are not able to pay for your own spot on scuba diving trips, will you be willing to assist with raising funds? Yes No

I, _____, the undersigned, declare that all the information given is to the best of my knowledge, true and correct.

_____/_____/_____

Applicant's signature

