*Application form/* **Institution**

**Discovery Foundation Awards for Healthcare in rural areas**

(CLOSING DATE: 15 JANUARY 2021)

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| --- | --- |
| Physical address: | Postal address: |
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|  |  |

**Full name of applicant:**

Title:

Surname: First names:

Designation:

Name of facility:

Short biography of facility (max 50 words):

Budget breakdown:

Expected date of completion:

# Attach the following documents:

A 2–3 page CV

A letter of support from the associated academic institution Short motivation for application (max 300 words)

A letter of support from the CEO of the host institution Details on project applying for support (max 300 words)

Detailed budget including the number of years support is required

Unit/Department:

Associated academic institution:

Department:

Contact details:

Email:

Telephone: Cellphone:

Fax:

# If funding is to be channelled through an institution, the following documents are required:

Certificate of proof of Public Benefit Organisation (PBO) status from SARS Latest audited financial statements

Constitution of the organisation

Letter of support from the CEO of the facility

**Important notice:** Please complete the application form in full. An incomplete application form may result in disqualification. Failure to adhere to the page and word-count limit may also result in disqualification. Anything other than the requested documents will not be considered. Email completed application forms and supporting documents

to [**discoveryfoundation@tshikululu.org.za**](mailto:discoveryfoundation@tshikululu.org.za)

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