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| I, the undersigned, testify as follows concerning the bursary applicant: | |
| Academic potential of applicant | |
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| Personality and leadership qualities | |
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| I recommend this applicant for a bursary because | |
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| This testimonial was given by me, the undersigned, in my capacity as | |
|  | |
| of the school/college/university (name) | |
|  | |
| I can be contacted at the following telephone/cell number | |
|  | |
| Surname and initial (**BLOCK LETTERS)** | |
|  | |
| Signature: | Date: |
| |  | | --- | | Official School Stamp | | |

**TESTIMONIAL BY EDUCATOR**