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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: |
|

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| Official School Stamp |

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**TESTIMONIAL BY EDUCATOR**