## Application form/ Institution Discovery Foundation Awards for Healthcare in rural areas



(CLOSING DATE : 15 JANUARY 2024)	
Full name of applicant:	
Title:	
Surname:	First names:
Designation:	
Name of facility:	
Short biography of facility (max 50 words):	
Unit/Department:	
Associated academic institution:	
Department:	
Contact details:	
Email:	Fax:
Telephone:	Cellphone:
Physical address:	Postal address:
Budget breakdown:	
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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	

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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