## VERY IMPORTANT

APPLICATION FOR FULL-TIME STUDY BURSARY

**HIGHER EDUCATION AND TRAINING**

1. Applications must be accompanied by a written estimation of study costs (see par. 15)
2. Incomplete applications will not be considered.
3. Please PRINT.
4. Relevant documentation must be attached (see par.20)
5. Mark appropriate boxes with an “X”.

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| **PERSONAL DETAILS** | | | | | | | | | | | | | | | | | | | | | | |
| **1. Surname** |  | | | | | | | | | | | | | | | | | | | | | |
| **2. First names** |  | | | | | | | | | | | | | | | | | | | | | |
| **3. Identity Number** |  |  |  |  |  |  |  |  |  | |  |  | |  |  | | **4. Age** | |  | | | |
| **5. Race**  ***(For* *Employment Equity / Skills Development)*** | **African** | | | | | |  | **Coloured** | | | | | | |  | | **6. Gender** | | **M** |  | **F** |  |
| **Indian** | | | | | |  | **White** | | | | | | |  | | **7. Lang** | | **Eng.** |  | **Afr.** |  |
| **8. Contact No** |  | | | | | | | | | | | | | | | | | | | | | |
| **9. Email** |  | | | | | | | | | | | | | | | | | | | | | |
| **10. Postal address** |  | | | | | | | | | | | | | | | | | | | | | |
| **11. Are you in receipt of another bursary?** | | | | | | | **Yes** | | |  | | | **No** | | |  | | **12. If “YES” furnish particulars below** | | | | |
| **12.1 Name of institution** |  | | | | | | | | | | | | | | | | | | | | | |
| **12.2 Bursary period** |  | | | | | | | | | | | | | | | | | | | | | |

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| **13. HIGHEST CURRENT QUALIFICATION** | |
| **13.1 List degrees/diplomas/certificates already obtained (e.g. matric, diploma etc.)** |  |
| **13.2 Year in which qualification/s was obtained** |  |
| **13.3 Institution where qualification was obtained** |  |
| **13.4 Name of school, if you are currently in Grade 12** |  |

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| **14. QUALIFICATION REQUIRED** | | | | | | | | | | | | | | | | | | | | | |
| **14.1 Name of the qualification for which the bursary is required** | | | | | | | | | | | |  | | | | | | | | | |
| **14.2 Name of tertiary institution where studies will be undertaken** | | | | | | | | | | | |  | | | | | | | | | |
| **14.3 Number of years that the bursary is required for** | | | | | | | | | | | |  | | | | | | | | | |
| **14.4 If currently studying, declare the following:** | | | | | | | | | | | | | | | | | | | | | |
| **14.4.1Current year of study** | |  | | | | **14.4.2 Minimum remaining period of current study course** | | | | | | | | | | |  | | | | |
| **14.4.3 Student number** | |  | | | | | | | | | | | **Have you failed any year of study?** | | | | **Y** |  | **N** | |  |
| **If yes, which year of study** | | | |  | | | | |
| **14.4.4 State subjects of the intended study course (major subjects only)** | |  | | | | | | | | | | | | | | | | | | | |
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| **15. COST ESTIMATION OF TUITION FEES (OF COURSE APPLYING FOR)** | | | | | | | | | | | | | | | | | | | | | |
| **FIRST YEAR** | | **R** | | | | | | | | **SECOND YEAR** | | | | | **R** | | | | | | |
| **THIRD YEAR** | | **R** | | | | | | | | **FOURTH YEAR** | | | | | **R** | | | | | | |
| **TOTAL COST (OF COURSE)** | | **R** | | | | | | | | | | | | | | | | | | | |
| **16. INDICATION OF DISABILITY** | | | | | | | | | | | | | | | | | | | | | |
| **16.1 Do you have a disability?** | | | | **Yes** |  | | **No** | |  | | | **16.2 If yes, state nature of disability below:** | | | | | | | | | |
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| **17. ANNUAL HOUSEHOLD INCOME** (TICK THE APPLICABLE BOX) | | | | | | | | | | | | | | | | | | | | | |
| **Less than R150 000** |  | | **R150 000 – R300 000** | | | | |  | | | **R300 000 – R450 000** | | |  | | **R450 000 plus** | | | |  | |

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| **18. DECLARATION** | | | |
| **I DECLARE THAT THE ABOVE INFORMATION TO MY KNOWLEDGE IS TRUE AND CORRECT AND ACCEPT THAT IF IT WERE TO BE FOUND THAT I WITHHELD ANY INFORMATION, MY APPLICATION WILL BE CANCELLED IMMEDIATELY.** | | | |
| **SIGNATURE OF APPLICANT** |  | **Date** |  |
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| **19.** **DECLARATION BY PARENT/GUARDIAN** | | | |
| **I DECLARE THAT THE ABOVE INFORMATION TO MY KNOWLEDGE IS TRUE AND CORRECT AND ACCEPT THAT IF IT WERE TO BE FOUND THAT I WITHHELD ANY INFORMATION, MY APPLICATION WILL BE CANCELLED IMMEDIATELY.** | | | |
| **SIGNATURE OF PARENT/ GUARDIAN** |  | **Date** |  |

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| **20. SUPPORTING DOCUMENTS**  (Please check that the supporting documents were added to your application. Tick applicable boxes) | |
| **20.1 Certified copy of Identity Document** |  |
| **20.2 Certified copies of academic results from tertiary institution (not applicable to grade 12 applicants)** |  |
| **20.3 Letter of motivation** |  |
| **20.4 Certified copy of household income/salary statement/affidavit of income** |  |
| **20.5 Copy of acceptance letter from institution or proof of application at tertiary institution** |  |
| **20.6 Certified copy of Grade 11 November results and Grade 12 June examination results**  **(applicable to Grade 12 applicants only)** |  |
| **20.7 Certified copy of grade 12 certificate (not applicable to applicants currently in grade 12)** |  |
| **20.8 Certified copy of degree, diploma already obtained** |  |

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| **FOR OFFICE USE ONLY** | | | | | | | |
| **To what extent does the intended study contribute to the Department’s mission of being a change agent** | | | | | | | |
| **Completely** |  | **To a greater extent** |  | **To a lesser extent** |  | **Not at all** |  |
| **The achievement of special and scarce skills in line with the Department’s core objectives** | | | | | | | |
| **Completely** |  | **To a greater extent** |  | **To a lesser extent** |  | **Not at all** |  |

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| **FOR COMPLETION BY CHAIRPERSON OF BURSARY COMMITTEE** | | | | | | | |
| **Application for Bursary:** | | **Approved** |  | | **Not Approved** | |  |
| **Remarks:** |  | | | | | | |
| **SIGNATURE OF CHAIRPERSON** |  | | | **Date** | |  | |