

Closing date: 15 September 2016

VERY IMPORTANT

- (i) Incomplete applications will be rejected;
- (ii) Please PRINT;
- (iii) Mark appropriate boxes with an "X";
- (iv) **If you have not been contacted by February 2017, please consider your application as unsuccessful.**

MARKETING STATISTICS

| | | | | | | | |
|--------------------------------------|-----|---------------------|---------|---|-----|---------|--|
| How did you hear about the programme | | | | If linked to a NGO please indicate the name | | | |
| New Application | New | Current MiS Student | Current | Partner Application | New | Current | |

A. STUDENT INFORMATION: (Please attach certified copy of your ID)

| | | | | | | | | |
|---|--|--|--|--|----|----------|--|-------------|
| 1. Surname | | | | Mr | Ms | Other | | |
| 2. First names | | | | | | | | |
| 3. Identity no. _____ | | | | 4. Date of birth <u>DD/MM/YYYY</u> | | | | |
| 5. Gender: <u>Male</u> <u>Female</u> | | | | | | | | |
| 6. a) Language <u>E</u> <u>A</u> <u>X</u> OTHER | | | | b) *Race = <u>African</u> <u>Coloured</u> <u>White</u> <u>Indian</u> other (for recording purposes only) | | | | |
| c) Disabled Y <u>N</u> Nature of disability _____ | | | | d) Driver's License= | | | | |
| e) Criminal Record Y <u>N</u> | | | | Non | | Learners | | Code: _____ |

| | | | |
|--|--|---|--|
| 7. Study Address (Residential address during study period) | | 8. Permanent residential Address (Please attach proof of Address) | |
| _____ | | _____ | |
| _____ | | _____ | |
| Code _____ | | _____ Code _____ | |
| | | 9. Cell No. _____ | |
| | | E-mail address _____ | |

B. PARENT/GUARDIAN INFORMATION (Please attach certified copy of parent/guardian ID)

| | | | | | | | |
|-------------------|--|--|--|-----------------|-----|-------|--|
| 1. Surname | | | | Mr | Mrs | Other | |
| 2. First Names | | | | | | | |
| 3. Postal address | | | | 4. Home address | | | |
| _____ | | | | _____ | | | |
| _____ | | | | _____ | | | |
| Code _____ | | | | Code _____ | | | |

5.) Municipal area where parent/guardian is resident _____

6. Tel. No (Home)
 () _____
 Cell No. _____
 E-mail address _____

7. Employment status: Employed | Unemployed | Self-Employed

8. Financial status of parent/s or legal guardian – Salary per annum (Please attach proof of income or Affidavit)

| | | | | | |
|----------------------------|--|-------------------------------|--|----------------------------|--|
| Below R150 000 p.a. | | R150 000-R250 000 p.a. | | Above R250 000 p.a. | |
|----------------------------|--|-------------------------------|--|----------------------------|--|

NB: PLEASE SUPPLY SALARY SLIPS TO CONFIRM THE INFORMATION SUPPLIED ABOVE

9. No. of dependents in household: _____

C. REGISTRATION AT HEI

1. Please indicate whether you have already applied to be registered at an institution of your choice: Yes / No

2. PLEASE COMPLETE THE FOLLOWING:

a) Name of institution you will study and register at

| | | | | | |
|---|-------------------------------------|-------------------------|-------------------------------------|----------------------------|-------------------------------------|
| Cape Peninsula University of Technology | <input checked="" type="checkbox"/> | University of Cape Town | <input checked="" type="checkbox"/> | University of Stellenbosch | <input checked="" type="checkbox"/> |
|---|-------------------------------------|-------------------------|-------------------------------------|----------------------------|-------------------------------------|

For which qualification and year are you applying for? (Please attach the course outline)

Qualification: _____ **Year of study:** _____

What will your costs be for 2017? (Please attach the subject costs for 2016)

- b) Estimated accommodation /transport cost per year R_____
- c) Estimated academic cost per year R_____
- d) TOTAL R_____
- e) Who is currently funding your studies? _____

3. Please declare the following

(i) Which year of study are you at present? (Mark with "X")

| | | | | | | | |
|----------|----------------------|----------------------|----------------------|----------------------|------|---------|---------|
| Grade 12 | 1 st year | 2 nd year | 3 rd year | 4 th year | BTEC | Honours | Masters |
|----------|----------------------|----------------------|----------------------|----------------------|------|---------|---------|

(ii) Student number

(iii) Have you failed any courses/modules? Give course code & year when failed.

(iv) What courses are you currently repeating?

4. High School at which you matriculated or are currently studying at?

(Please attach a certified copy of your Matric certificate and or latest results)

Name of School: _____

Address: _____

Tel. no.: _____

5. UNIVERSITY AND OTHER TERTIARY TRAINING

(i) Degrees / diplomas already obtained: _____

(ii) Name of Degree / diploma for which a bursary is required,
e.g. BSc: Engineering / National Diploma: Civil Engineering: _____

6. Applying for funding for year:

2017

7. If there are any extenuating circumstances which could strengthen your application please indicate in the space below or attach as an appendix to your application.

DECLARATION

I DECLARE THAT THE ABOVE INFORMATION IS TRUE AND CORRECT AND ACCEPT THAT IF IT IS TO BE FOUND THAT I PROVIDED INCORRECT INFORMATION, MY APPLICATION WILL BE CANCELLED IMMEDIATELY AND THE RELEVANT INSTITUTION INFORMED ACCORDINGLY.

SHOULD I BE AWARDED A BURSARY, I UNDERTAKE TO INFORM THE DEPARTMENT IMMEDIATELY OF ANY CHANGE TO THE INFORMATION THAT I HAVE PROVIDED. I ALSO UNDERSTAND THAT THE CONTINUATION OF THE BURSARY IS SUBJECT TO SUCCESSFULLY COMPLETING ALL MODULES/COURSES IN THE MINIMUM TIME PROVIDED BY THE PROGRAMME TO WHICH I AM ADMITTED.

SIGNATURE OF APPLICANT

DATE

Bursary Application Attachment Check List

Please ensure you attach the following:

- 1. Full course outline for 2017;**
- 2. Estimation of study costs as supplied by the HEI;**
- 3. Full academic records (Matric certificate and/or latest results);**
- 4. Certified copy of ID;**
- 5. Salary slips or affidavit to support financial status of both parents/guardian. (For deceased parents please provide a copy of the death certificate)**
- 6. Proof of Address. (an account or bill)**
- 7. Proof of application/Registration at the relevant Higher Education Institute.**

Incomplete applications will be rejected.

All applicants are to apply for student on-campus accommodation for 2017

Please post completed applications with all the requested attachments to:

Masakh'iSizwe Bursary Programme, Private Bag x9185, Cape Town, 8000

Closing date: **15 September 2016**

Please contact the Masakh'iSizwe office for any enquiries:

T Highburg @ 021 4832963 or L Maggott @ 021 483 9545