

**PROVINCIAL TREASURY
APPLICATION FOR FULL-TIME STUDY BURSARY
HIGHER EDUCATION AND TRAINING**

VERY IMPORTANT

- (i) Incomplete applications will not be considered.
- (ii) Please PRINT.
- (iii) Relevant documentation must be attached (see par.19)
- (iv) Mark appropriate boxes with an "X".
- (v) Applications must be accompanied by a written estimation of study costs (see par. 14)

| | | | | | | | | | | | | | | | | | | | | | |
|--------------------------|--|--|--|--|--|--------------|--|--|--|---|------------------------|--|--|--|---------|----------|-----------------|-------|-----|--|--|
| 1. Surname | | | | | | | | | | | 2. First name/s | | | | | | | | | | |
| 3. Age | | | | | | | | | | | | | | | | | | | | | |
| 4. Identity no. | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | 5. Race <i>(For Employment Equity / Skills Development)</i> | | | | | African | Coloured | Indian | White | | | |
| 6. Postal address | | | | | | | | | | 7. Gender | | | | | M | F | 8. Lang. | Afr. | Eng | | |
| | | | | | | | | | | 9. Are you in receipt of another bursary? | | | | | No | Yes | | | | | |
| | | | | | | | | | | 10. If "YES" furnish particulars | | | | | | | | | | | |
| | | | | | | | | | | (a) Name of institution | | | | | | | | | | | |
| | | | | | | | | | | (b) Year awarded | | | | | | | | | | | |
| 11. Contact No. | | | | | | Dialing code | | | | (c) Bursary amount | | | | | | | | | | | |
| 11.1 Email | | | | | | | | | | | | | | | | | | | | | |

| 12. UNIVERSITY AND OTHER POST-SCHOOL TRAINING | |
|---|--|
| (a) List degrees/diplomas/certificates already obtained | |
| (b) Year in which qualification/s was obtained | |
| (c) Institution where qualification was obtained | |

| 13. QUALIFICATION | |
|--|--|
| 13.1 Name of the qualification for which the bursary is required. | |
| 13.2 (a) Name of tertiary institution where studies will be undertaken | |
| (b) Date on which studies will commence | <input style="width: 100px;" type="text"/> |
| (c) Duration of course | <input style="width: 100px;" type="text"/> |
| 13.3 If currently studying, declare the following: | |
| (a) Duration of course | <input style="width: 100px;" type="text"/> |
| (b) Which year of study at present | <input style="width: 100px;" type="text"/> |
| (c) Minimum remaining period of course | <input style="width: 100px;" type="text"/> |
| (d) Student number | <input style="width: 200px;" type="text"/> |
| (e) Have you failed any year of study? | <input type="checkbox"/> Yes <input type="checkbox"/> No (f) If yes, which year of study <input style="width: 100px;" type="text"/> |

13.4 State subjects of the intended study course (major subjects only)

SUBJECTS

14. COST ESTIMATION OF TUITION FEES (OF COURSE APPLYING FOR)

FIRST YEAR R _____

SECOND YEAR R _____

THIRD YEAR R _____

14.1 TOTAL COST (OF COURSE APPLYING FOR) R _____

15. INDICATION OF DISABILITY

Do you have a disability?

YES

NO

If yes, state nature of disability:

16. ANNUAL HOUSEHOLD INCOME
(TICK THE APPLICABLE BOX)

Less than R100 000

R100 000 – R200 000

R200 000 – R300 000

R300 000 plus

17. 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

18. 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, THE APPLICATION WILL BE CANCELLED IMMEDIATELY.

SIGNATURE OF PARENT/ GUARDIAN

DATE

19. SUPPORTING DOCUMENTS (Please check that the supporting documents were added to your application. Tick applicable boxes)

- | | |
|--|--------------------------|
| 19.1 Certified copy of Identity Document | <input type="checkbox"/> |
| 19.2 Certified copies of academic results from tertiary institution (not applicable to grade 12 applicants) | <input type="checkbox"/> |
| 19.3 Letter of motivation | <input type="checkbox"/> |
| 19.4 Certified copy of household income/salary statement/affidavit of income | <input type="checkbox"/> |
| 19.5 Copy of acceptance letter from institution or proof of application at tertiary institution | <input type="checkbox"/> |
| 19.6 Certified copy of grade 11 November examination and grade 12 June examination results (applicable to grade 12 applicants) | <input type="checkbox"/> |
| 19.7 Certified copy of grade 12 certificate (not applicable to applicants currently in grade 12) | <input type="checkbox"/> |

20. FOR OFFICE USE ONLY

To what extent does the intended study contribute to the Department's mission of being a change agent

- 20.1 Applicability of intended field of study in line with the components' core business
- | | |
|---------------------|--------------------------|
| Completely | <input type="checkbox"/> |
| To a greater extent | <input type="checkbox"/> |
| To a lesser extent | <input type="checkbox"/> |
| Not at all | <input type="checkbox"/> |

- 20.2 The achievement of special and scarce skills in line with the Department's core objectives
- | | |
|---------------------|--------------------------|
| Completely | <input type="checkbox"/> |
| To a greater extent | <input type="checkbox"/> |
| To a lesser extent | <input type="checkbox"/> |
| Not at all | <input type="checkbox"/> |

21. FOR COMPLETION BY CHAIRPERSON OF BURSARY COMMITTEE

Application for Bursary

Approved

Not Approved

Remarks:

CHAIRPERSON

DATE