

# SECTION A

## Personal Information

Title (Mr/Mrs/Ms)																
Surname																
Full Names																
Maiden Name (if applicable)																
Date of Birth																
Place of Birth																
Identity No.																
SA Citizenship	Yes <input type="checkbox"/>						No <input type="checkbox"/>									
Gender	Male <input type="checkbox"/>						Female <input type="checkbox"/>									
Race	African	<input type="checkbox"/>	Indian	<input type="checkbox"/>	Coloured	<input type="checkbox"/>	White	<input type="checkbox"/>								
Do you have a disability? <i>If YES, describe the nature of the disability:</i>	Yes <input type="checkbox"/>						No <input type="checkbox"/>									
Do you suffer from any chronic diseases? <i>If YES, please provide details:</i>	Yes <input type="checkbox"/>						No <input type="checkbox"/>									
Residential address with postal code																
Postal address with postal code																
Address while studying (if not living at home) with postal code																
Contact telephone numbers including dialling codes	Home								Cellular							
	Parent / Guardian								Other Contacts							
E-mail Address																
Have you ever been found guilty of a criminal offence?	Yes <input type="checkbox"/>						No <input type="checkbox"/>									
	If yes, specify the nature and date of offence:															

# SECTION B

## High School Attended

<b>High School Matriculated At</b>		
<b>School Address</b>		
<b>Municipality and Province</b>		
<b>Telephone No</b>		
<b>Year Matriculated</b>		
<b>Years Attended</b>	<b>From:</b>	<b>To:</b>

<b>Subjects (List them below)</b>	<b>Higher Grade</b>	<b>Symbol %</b>	<b>Standard Grade</b>	<b>Symbol %</b>

**NB: Attach proof of results.**

\*Not completing the form correctly or in full will result in your application being disqualified.

# SECTION C

## Post Matric Qualification/s

<b>Name of Institution</b>					
<b>Address of Institution</b>					
<b>Full name of qualification</b>					
<b>Current year of study? (Please tick)</b>	<b>First Year</b>	<b>Second Year</b>	<b>Third Year</b>	<b>Fourth Year</b>	<b>Honours</b>
<b>Student number</b>					
<b>Major subjects / modules</b>	<b>Marks / % obtained</b>				

**NB: Attach proof of latest results.**

### INTENDED STUDY FOR THE NEW ACADEMIC YEAR

<b>Name of Institution</b>		
<b>Name of qualification</b>		
<b>Are you receiving any other bursary / grant?</b>	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
	If YES, describe below the nature of financial assistance and obligations involved and provide the name of the institution that granted the assistance:	

## SECTION D

### Details about Parent (s) / Guardian (s)

To be completed by the parent/s, guardian/s or person/s on whom the applicant is dependent for financial support or assistance. Clearly state the relationship to the applicant.

Full details of person on whom the applicant is dependent for financial support			
Title (Mr/Mrs/Ms)			
Surname			
Full Names			
Identity no.			
SA Citizenship	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>	
Population Group	African <input type="checkbox"/>	Coloured <input type="checkbox"/>	Indian <input type="checkbox"/> White <input type="checkbox"/>
Relationship to the applicant			
Residential address with postal code			
Postal address with postal code			
Contact telephone including dialling codes	Home		Cellular
	Work		Other Contacts
E-mail address			

# SECTION E

## Income and Expenditure

To be completed by the person(s) that is currently responsible for payment of your studies

Please add three (3) months Banks Statements

<b>INCOME per month</b>	
Salary / Pension	
Partner's Salary / Pension	
Government Subsidy (please specify)	
Investments	
Other income	
<b>EXPENSES per month</b>	
<b>Living/Housing:</b>	
Rent/Mortgage	
Electricity	
Water/Sewer	
Telephone	
Other	
<b>Regular Payments:</b>	
Student Loan	
Credit Cards	
Other Loan Payments	
Medical Aid	
Car/Home Insurance	
Life Insurance	
Child Care	
Other	
<b>Food Expenses:</b>	
Groceries	
Other	

## SECTION E

# Income and Expenditure

*(continued)*

<b>Transportation:</b>	
Petrol / Diesel	
Bus, Taxi, Train, etc.	
Other	
<b>Total Income</b>	
<b>Total Expenses</b>	
<b>TOTAL INCOME MINUS TOTAL EXPENSES:</b>	

# SECTION F Declaration

I hereby, declare that ALL the information provided in this application form is complete and correct.

I hereby, acknowledge that if ANY of the information provided in this application form is found to be incomplete and/or incorrect, my application will be disqualified and the bursary awarded will be cancelled.

**Signature of**

**APPLICANT** \_\_\_\_\_

Signed at \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
(City) (Month)

**Signature of**

**PARENT/ LEGAL GUARDIAN** \_\_\_\_\_

Signed at \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
(City) (Month)

**(In the presence of a Commissioner of Oath):**

**COMMISSIONER OF OATH:**

I certify that the Applicant has acknowledged that he/she knows and understands the contents of this declaration, which was sworn to before me and that the Applicant's signature was placed thereon in my presence

Commissioner of Oath's Full Names: \_\_\_\_\_

Designation: \_\_\_\_\_

Area of Appointment: \_\_\_\_\_

Date: \_\_\_\_\_

**Stamp**