

BURSARY APPLICATION

SITE NAME: _____

Documents to be submitted with the application form (if and where applicable)

Please check the box on the right of each item that is included. Your application will not be considered without the relevant documentary proof.

1. A certified copy of this year's June results, or NSC / matric results or your complete academic record if you are at a tertiary institution.	<input type="checkbox"/>
2. A certified copy of your NSC / matric results (if you have completed school).	<input type="checkbox"/>
3. A copy of your provisional admission letter to the institution you applied to study at.	<input type="checkbox"/>
4. A certified copy of your ID document.	<input type="checkbox"/>
5. Proof of Income:	<input type="checkbox"/>
5.1 Certified copies of pay-slips of your parent(s) / guardian.	<input type="checkbox"/>
5.2 Sworn affidavit declaring monthly income if your parent(s) / guardian is / are self-employed	<input type="checkbox"/>
5.3 A certified copy of the latest pay-slip of your guardian if you reside with your guardian even though your parent(s) is / are still alive.	<input type="checkbox"/>
5.4 Sworn affidavits if your parent(s) / guardian is / are unemployed.	<input type="checkbox"/>
6. A certified copy of a death certificate or a sworn affidavit in the case of deceased parent(s) / guardian / spouse.	<input type="checkbox"/>



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SECTION A: PERSONAL PARTICULARS

Title: _____

Surname: _____

First names: _____

Intended field of study: _____

Study year next year (e.g. 1 of 4) _____

Postal address: _____

Tel: (Code) _____ No. _____

Cellphone No. _____

Nationality: _____

Identity number: _____

Home language: _____

Criminal record

Have you ever been convicted of criminal offence? Yes No

If so, give details: _____

Details of parent/s for dependent's application

	Father			Mother		
Name & Surname						
ID Number						
Address						
Employer name						
Employer address						
Employer Number						
Type of Income	Salary	Monthly		Salary	Monthly	
		Weekly			Weekly	
	Wages	Monthly		Wages	Monthly	
		Weekly			Weekly	
	Other	Monthly			Monthly	
		Weekly			Weekly	



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Legal guardian

Name & Surname		Type of Income		
ID number		Salary	Monthly	
Address			Weekly	
Employer		Wages	Monthly	
Employer			Weekly	
Employer		Other	Monthly	
			Weekly	

Particulars of lawful household

Name	Surname	ID	Relationship to applicant ¹	Age	Currently busy with ²

SECTION B: ACADEMIC QUALIFICATIONS

School education

Secondary School Name:

Town:

Highest Grade Passed:

Year passed:

Post-school training

University/college/other	Field of study	Study year	Course/Subject	Percentage/Symbol*

¹ Spouse/partner/brother/sister/daughter/son/uncle/aunt/grandparent/other

² Primary/Secondary School/unemployed/employed/university/FET College/Other



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SECTION C: GENERAL

Are you planning to study at University or FET College?

Do you think you will be successful in your studies, if so how will you control or handle college/university life?

We only have a limited number of bursaries we can offer. There are multiple applicants, what sets you apart from other applicants?

What other bursaries have you applied for?

Where do you see yourself in ten years?

I declare that the above particulars are true and correct and understand that any false or incomplete information may constitute grounds for immediate cancellation.

Signature of applicant:

Date:

Signature of parent or guardian if applicant is minor:

Date:



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SECTION D: FOR OFFICE USE ONLY

Interviewed by:

Name:	Job title:	Signature:
Name:	Job title:	Signature:
Name:	Job title:	Signature:
Name:	Job title:	Signature:

RECOMMENDATION: BU People Development Officer

Name: _____ Signature: _____ Date: _____

RECOMMENDATION: BU People Manager

Name: _____ Signature: _____ Date: _____

RECOMMENDATION: Learning and Development Manager

Name: _____ Signature: _____ Date: _____

APPROVAL: BU Managing Director

Name: _____ Signature: _____ Date: _____

Decision

Successful		Regret		Potential	
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