



## BURSARY APPLICATION

### SECTION 1: APPLICATION DETAILS

|   |  |            |            |           |  |  |  |
|---|--|------------|------------|-----------|--|--|--|
| State the career you wish to follow:  |  |            |            |           |  |  |  |
| Name the degree or diploma you intend to study:   |  |            |            |           |  |  |  |
| Are you currently registered at a University/ University of Technology for this course? |  | <b>YES</b> | <b>NO</b>  |           |  |  |  |
| Study year for which you will be registered next year (e.g. first, second):             |  |            |            |           |  |  |  |
| Name of proposed University/University of Technology:                                   |  |            |            |           |  |  |  |
| Have you applied to other company/ies for a bursary?                                    |  |            | <b>YES</b> | <b>NO</b> |  |  |  |
| If yes to the above, state which company/ies:   |  |            |            |           |  |  |  |

### SECTION 2: PERSONAL DETAILS

|   |  |  |                |               |                              |               |   |   |   |   |   |                   |            |  |  |  |  |  |
|---|--|--|----------------|---------------|------------------------------|---------------|---|---|---|---|---|-------------------|------------|--|--|--|--|--|
| Surname:  |  |  |                |               |                              |               |   |   |   |   |   |                   |            |  |  |  |  |  |
| First name(s):  |  |  |                |               |                              |               |   |   |   |   |   |                   |            |  |  |  |  |  |
| Date of birth:  |  |  | C              | C             | Y                            | Y             | - | M | M | - | D | D                 | ID Number: |  |  |  |  |  |
| Gender:   |  |  | <b>Male</b>    |               |                              | <b>Female</b> |   |   |   |   |   |                   |            |  |  |  |  |  |
| Cell Number:  |  |  |                |               |                              |               |   |   |   |   |   | Telephone Number: |            |  |  |  |  |  |
| E-mail address:   |  |  |                |               |                              |               |   |   |   |   |   |                   |            |  |  |  |  |  |
| Nationality:  |  |  | <b>RSA</b>     | <b>OTHER</b>  | If other, please specify:    |               |   |   |   |   |   |                   |            |  |  |  |  |  |
| Do you have a permanent residence permit?   |  |  | <b>YES</b>     | <b>NO</b>     |                              |               |   |   |   |   |   |                   |            |  |  |  |  |  |
| If yes to the above question, please state the permanent residence permit number? |  |  |                |               |                              |               |   |   |   |   |   |                   |            |  |  |  |  |  |
| Residential address:  |  |  |                |               |                              |               |   |   |   |   |   |                   |            |  |  |  |  |  |
| Postal address:   |  |  |                |               |                              |               |   |   |   |   |   |                   |            |  |  |  |  |  |
| Marital status  |  |  | <b>Married</b> | <b>Single</b> | (For accommodation purposes) |               |   |   |   |   |   |                   |            |  |  |  |  |  |
| Do you have a disability?   |  |  | <b>YES</b>     | <b>NO</b>     | If yes, please specify:      |               |   |   |   |   |   |                   |            |  |  |  |  |  |
| <b>Alternative contact person</b>   |  |  |                |               |                              |               |   |   |   |   |   |                   |            |  |  |  |  |  |
| Name:   |  |  |                |               |                              |               |   |   |   |   |   |                   |            |  |  |  |  |  |
| Cell Number:  |  |  |                |               |                              |               |   |   |   |   |   | Telephone Number: |            |  |  |  |  |  |
| Residential address:  |  |  |                |               |                              |               |   |   |   |   |   |                   |            |  |  |  |  |  |



## BURSARY APPLICATION

### Details of guardian/parent

Name of guardian/parent:

Relationship:

Cell Number:

Telephone Number:

Residential address:

## SECTION 3: SECONDARY EDUCATION

Please provide details of the secondary school(s) you attend(ed):

Name of School

Year

Grade Completed

### Details of current/last school

Name:

Physical address:

Telephone Number:

Please state your results for Grade 11 and 12. Specify the percentage obtained.

Subjects

Grade 11 %

HG/SG

Grade 12 %

HG/SG

Kindly request your school to verify the above with their official stamp:

Have you written your final Grade 12 exams?

YES

NO

If yes which year?



| Fourth year of study (Please state subjects) | % OBTAINED |          | Year |
|--|------------|----------|------|
|  | June       | December |      |
|  |            |          |      |
|  |            |          |      |
|  |            |          |      |
|  |            |          |      |
|  |            |          |      |
|  |            |          |      |

Please supply details if you are repeating any subjects

|  |
|--|
|  |
|  |
|  |

## SECTION 5: EXTRAMURAL ACTIVITIES

Please supply any details of the role you play in:

Extramural activities at school:

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|  |

Please state your interests and hobbies :

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|  |
|  |

Please state any position of Leadership or responsibility That you have held:

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|  |
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|  |

## SECTION 6: CAREER

Do you currently have a scholarship, bursary or study loan?

|     |    |
|-----|----|
| Yes | No |
|-----|----|

If yes, please provide the following information below:

Name of scholarship, bursary or study loan:

|  |
|--|
|  |
|--|

