

APPLICATION FOR A BURSARY FOR TERTIARY EDUCATION

GENERAL INFORMATION

1. The Epilepsy South Africa Educational Trust exclusively awards bursaries to persons with epilepsy.
2. The Trust will only fund tuition costs and not residential and other costs.
3. Trust bursaries are part-bursaries. As such, the Trust does not fund the full cost for any one student.
4. A bursary may be withdrawn at any stage if academic performance is not satisfactory or the recipient fails to fulfil the requirements of the agreement.
5. Bursaries are awarded by the Trust in December annually for the following academic year.
6. Bursaries are awarded for one year only. It is the responsibility of the student to re-apply for further bursaries by 31 October annually.
7. Students are required to declare bursaries or awards received from any other sources.
8. Applicants are requested to print clearly when completing the application.
9. Incomplete application forms will be rejected. An application is considered complete if all sections have been completed in full and all relevant annexures submitted.
10. This application form, together with all supporting documentation must be completed in full with each annexure marked clearly and submitted no later than 31 October annually to:

Ordinary mail: The Secretary, Epilepsy South Africa Educational Trust, PO Box 1070, Springs, 1560

Email: nationaldirector@epilepsy.org.za

SECTION A: PERSONAL INFORMATION

Surname: _____

First names: _____

Title (please mark the appropriate box):

Ms	Mr	Mrs	Miss	Other: _____
----	----	-----	------	--------------

Date of birth: ____ / ____ / ____
Day
Month
Year

Identity number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Attach a certified copy of your identity document (Annexure A).

Home address: _____

Province (please mark the appropriate box):

Western	Eastern	Northern	Gauteng	Free	North	Limpopo	Mpumalang	KwaZulu
---------	---------	----------	---------	------	-------	---------	-----------	---------

Cape	Cape	Cape		State	West		a	-Natal
------	------	------	--	-------	------	--	---	--------

Postal address: _____

_____ Code: _____

Contact numbers:

Home number: () _____	Work number: () _____	Mobile (cell) number _____	Alternative number _____
---------------------------	---------------------------	-------------------------------	-----------------------------

Email address: _____

SECTION B: RESULTS ACHIEVED IN HIGHEST STANDARD PASSED AT SCHOOL

If you are currently still at school, please provide your June exam results.

Name of school: _____

Town/City: _____ Province: _____

Grade: _____ Year: _____

Subject	Mark/Symbol

Attach a certified copy of your exam results (Annexure B)

SECTION C: ONLY TO BE COMPLETED BY STUDENTS WHO HAVE NOT YET ENTERED A TERTIARY INSTITUTION

At which tertiary institution have you applied to study? _____

Which degree/diploma/certificate are you enrolled for in the coming year? _____

Duration of course: _____ years

In which year will you complete the course? _____

Attach proof of acceptance for admission as Annexure C. If you do not yet have proof of acceptance, please provide proof of application and a written explanation why you do not yet have proof of acceptance and when you anticipate receiving proof of acceptance.

SECTION D: ONLY TO BE COMPLETED BY STUDENTS ALREADY ATTENDING A TERTIARY INSTITUTION

Name of tertiary institution: _____

Student number: _____

Degree/diploma/certificate for which you are registered: _____

Current year of study (e.g. 1st or 2nd year): _____

Year of study for which you are applying for a bursary (e.g. 1st or 2nd year): _____

Duration of course: _____ years

When do you expect to complete your course? _____ (year)

Enter all subjects and exam results for each year of study (Use an additional sheet if required):

Year (e.g 1 st year)	Subject	% / symbol

Attach certified copies of all certificates and results as Annexure D.

SECTION E: FINANCIAL INFORMATION

Family income

Confidential information on family income:

Family member	Occupation	Monthly income	Age
Your own			
Father			
Mother			
Spouse			
Other (please specify)			

Attach documentary evidence such as payslips or affidavits as Annexure E.

Number of children in the family still at school: _____

Number of children in the family studying at tertiary level: _____

Bursaries

Have you received any bursaries, grants or scholarships in this or previous years?

Yes	No
-----	----

If yes, please complete the following:

Year	Bursary / Grant / Scholarship	Value

Have you applied for any bursaries, grants or scholarships for the coming year?

Yes	No
-----	----

If yes, please complete the following:

Year	Bursary/Grant/Scholarship	Outcome of application	Value

Financial assistance required

How much is your tuition fees for the coming year? R_____

How much do you expect the Epilepsy South Africa Educational Trust to contribute to the cost of your tuition in the coming year bearing in mind that the Trust only provides partial bursaries to any one student? R_____

SECTION F: WORK EXPERIENCE AND CURRENT OCCUPATION

Are you currently employed?

Yes	No
-----	----

If no, what are you currently doing? _____

If yes, please complete the following for your current and previous two positions:

Duration of employment	Type of work	Employer	Salary/wage per month

Attach a certified copy of your latest payslip as Annexure F.

SECTION G: CONFIDENTIAL MEDICAL INFORMATION

As the Epilepsy South Africa Educational Trust exclusively supports people with epilepsy it is necessary that you provide documentary evidence that you have epilepsy. Please provide the following details of the doctor/clinic treating your epilepsy:

Name of doctor/clinic: _____

Address: _____

Province (please mark appropriate box):

Western Cape	Eastern Cape	Northern Cape	Gauteng	Free State	North West	Limpopo	Mpumalanga	KwaZulu-Natal
--------------	--------------	---------------	---------	------------	------------	---------	------------	---------------

Telephone number: (____) _____

At what age was your epilepsy first diagnosed? _____ years

Attach a certified copy of a letter from your doctor/clinic confirming that you have epilepsy as Annexure G.

SECTION H: ADDITIONAL INFORMATION

Please provide details of any special interests or achievements which you believe should be considered in judging your application:

Are you currently a member of Epilepsy South Africa?

Yes	No
-----	----

If no, why not? _____

If yes, please complete the following:

Epilepsy SA Branch where you hold membership	Year joined	Describe the activities you have been involved in and the positions you have held (e.g. Board member, volunteer)

Attach proof of Epilepsy SA membership (obtainable from the Branch) as Annexure H noting that membership is a requirement for bursary recipients.

SECTION I: THE ROLE AND RESPONSIBILITIES OF BURSARY RECIPIENTS

The following conditions apply to the allocation and payment of bursaries:

1. You must maintain satisfactory academic progress.

2. You must meet all requirements stipulated by the Trust, including the timeous submission of all required documentation.
3. You are required to submit at least one article on your experiences. These articles should not be longer than one typed page and will be used to provide feedback to donors/funders as part of sustaining the Trust. Epilepsy South Africa also has the right to publish such articles. The deadlines for submission of your articles will be indicated in the Memorandum of Agreement should your application be successful.
4. Bursaries are paid in two tranches. The first payment will be made once you have signed an agreement with the Trust and completed and returned information regarding bursary payment details and an account statement from the tertiary institution reflected a minimum outstanding balance equal to one half of your bursary allocation. The second payment will be made upon receipt of your mid-year results and the completed progress report. Failure to submit the required documentation timeously will result in the withdrawal of the bursary with immediate effect.
5. Bursaries will be paid directly into your student account at the tertiary institution where you are registered. Deposits will not be made into private bank accounts under any circumstances.
6. You will notify the Trust immediately should you discontinue your studies for any reason.
7. The Trust will keep a database of beneficiaries and expects each beneficiary to financially support the Trust on a regular basis once you have completed your studies and taken up employment. In this way the Trust ensures sustainability.
8. You will inform the Trust immediately should you receive a bursary from another source. Failure to do so will result in immediate termination of the bursary and repayment of all funds already paid in terms of your bursary.
9. You will attend the Annual General Meeting of either the National Office or one of the Branches (whichever is more convenient for you) annually unless the Trust agrees in writing that it is not reasonable for you to do so (e.g. by virtue of your geographic location).

Please provide an indication of how your studies will assist you to make a difference in the lives of other people with epilepsy, using an additional sheet if required:

CHECKLIST		
Have you completed all sections of this form in full		
Have you attached the following annexures?		
A.	Certified copy of your identity document	
B.	Certified copy of your exam results (high school)	
C.	Certified proof of acceptance for admission	
D.	Certified copies of all certificates and results (tertiary institution)	
E.	Certified documentary evidence of family income	
F.	Certified copy of your latest payslip	
G.	Certified copy of letter from doctor/clinic confirming that you have epilepsy	
H.	Proof of Epilepsy SA membership – Section H	

Signature of applicant

Date

If you are under the age of 18 years, your parent/guardian will need to sign this form as well:

Name of parent/guardian: _____

Contact details:

Home number: () _____	Work number: () _____	Mobile (cell) number _____	Alternative number _____
---------------------------	---------------------------	-------------------------------	-----------------------------

Email address: _____

Signature of parent/guardian

Date