

NATIONAL ECONOMIC EDUCATION TRUST (NEET)

		(NEET)
(Attacl	n passport size pho	oto here)

PLEASE READ THE ACCOMPANYING LETTER CAREFULLY BEFORE COMPLETING THIS FORM.

SECTION A (Please Print)

Applicant

	Names:	
Title: Mr. / Mrs. /Ms	Marital Status:	Number of Children
Nationality:	Date of Birth:	I.D. Number:
Home Address:		
	Postal Code:	Telephone Number:
Cellphone Number:	Al	ternative Contact Number:
Postal Address:		
	Postal Co	de:
Is this an urban or rural area? _		
		address where you can be reached in December/January):
Address to which corresponder	nce should be sent (this should be the	
Address to which corresponder	nce should be sent (this should be the	address where you can be reached in December/January):
Address to which corresponder	nce should be sent (this should be the	address where you can be reached in December/January):
Address to which corresponder Parent/ Guardian	nce should be sent (this should be the	address where you can be reached in December/January):
Address to which corresponder Parent/ Guardian Surname:	nce should be sent (this should be the	address where you can be reached in December/January): Postal Code
Address to which corresponder Parent/ Guardian Surname: Title: Mr. / Mrs. /Ms	Names: Marital Status:	address where you can be reached in December/January): Postal Code
Address to which corresponder Parent/ Guardian Surname: Title: Mr. / Mrs. /Ms Nationality:	Names: Names: Date of Birth:	address where you can be reached in December/January): Postal Code Number of Children
Address to which corresponder Parent/ Guardian Surname: Title: Mr. / Mrs. /Ms. Nationality: Home Address:	Names: Marital Status: Date of Birth:	address where you can be reached in December/January): Postal CodeNumber of ChildrenI.D. Number:

SECTION B

Give details below of all members living in the same household as you (parents, sisters, brothers, husband/wife, aunts, uncles, cousins, grandparents, etc.). In the case of deceased parent, write this in the marital status column and give the year of death. If your parents are divorced or separated write this in the marital status column.

RELATIONSHIP	AGE	MARITAL STATUS	HIGHEST STANDARD PASSES	OCCUPATION	GROSS MONTHLY INCOME	INDICATE BREADWINNER WITH AN X

SECTION C

DECLARATION OF FINANCIAL POSITION OF PARENT OR GUARDIAN

To be completed by the parent (unless deceased), guardian or person on whom the applicant is dependant for financial support or assistance. (If guardian, please state relationship to applicant).

This application will not be considered unless this declaration has been fully completed, sworn to and signed in the presence of a Commissioner of Oaths (eg minister of religion, postmaster, and senior police officer).

Documents to be submitted with the application form:

- Recent pay-slip of parent or guardian.
- Certified copy of balance sheet if you are self-employed.
- (An unemployed parent/guardian/husband/wife should indicate "unemployed" on the declaration.)
- Proof of Residence
- Final Matric Results
- Certified Copy of Identity Document of Applicant
- Acceptance Letter from University or University of Technology
- Passport size photo to be firmly attached to application form.

Name of person on whom applicant is dependent for support:		
Relationship to applicant:	Age:	
Occupation:		
Full name and address of employer or own business		
	Postal Code:	:
Gross monthly income of father/guardian:	R	
Gross monthly income of mother/wife/husband		
Pension received (per month if any):		
Other monthly income (eg maintenance, rent from property):		
TOTAL MONTHLY INCOME:		
Signature of Parent/Guardian	Date	

SECTION D

THE SECTION BELOW MUST BE SWORN TO AND SIGNED IN THE PRESENCE OF A COMMISSIONER OF OATHS.

sworn to before m	ne. (FULL NA	MES OF COMMISSI	he knows and understands the CONER OF OATHS)		
at					
			0by the de	ponent, who acknowledges	s that he/she knows an
		affidavit/declaration.	·	-	
Co	ommissioner of	Oaths		Official stam	p
GRICULTURAL OF	R TECHNICA		EGISTER FOR THE FIRST	TIME AT A UNIVERSI	TY / TECHNIKON /
atest School Results					
onth:	Yo	ear:	Name of Scho	ol:	
Subject:	Grade	Mark/Symbol	Subject:	Grade	Mark/Symbol
Subject:	Grade	Mark/Symbol	Subject:	Grade	Mark/Symbol
Subject:	Grade	Mark/Symbol	Subject:	Grade	Mark/Symbol
Subject:	Grade	Mark/Symbol	Subject:	Grade	Mark/Symbol
Subject:	Grade	Mark/Symbol	Subject:	Grade	Mark/Symbol
hich matriculation ex	xamination wil		cify department):		
hich matriculation examination No (if ava	xamination wil	ll you be writing (spec	cify department):Centre:		
hich matriculation examination No (if ava	xamination wil	ll you be writing (spec	cify department):Centre:culation certificate:		
hich matriculation examination No (if ava	xamination wil	ll you be writing (spec	cify department):Centre:		
hich matriculation examination No (if available) mplete the section atriculation results:	xamination wil	ll you be writing (spec	cify department): Centre:culation certificate: (Please s		ertificate or reports.)
hich matriculation examination No (if available) mplete the section atriculation results:	xamination wil	ll you be writing (spec already hold a matric Aggregate: icultural/Technical Co	cify department): Centre:culation certificate: (Please s	submit certified copies of c	ertificate or reports.)

What degree/diploma do you intend taking (eg BCom etc)?							
What is the duration of this course of study?	years.						
While at University/Technikon/l/Technical College, what type of according to the control of the	mmodation will you be sta	ying in?					
Address and contact tel. no (if already known):							
SECTION F							
TO BE COMPLETED BY STUDENTS ALREADY AT UNIVERSIT	Y / TECHNIKON / AGRA	ICULTURAL (OR TECHNICAL COLLEGE.				
Please submit certified copies of June results. (Year-end results to	be submitted by 15 th Jan	uary.)					
At which University/ Technikon / Technical College are you registered	1?						
	Student Numb	er:					
Do you intend to continue your studies there next year?							
If not, where do you intend to study and why?							
What degree/diploma are you doing this year?	Current	year of study (eg 1st)				
Where do you stay? Home/Hostel/Private lodging/other (give details):							
What degree/diploma do you intend doing next year?	Next ye	ear of study (eg	2 nd)				
SECTION G							
STUDENT PROFILE What will your major course be? (If already known)	Your ancillary o	r minor cour	rses?				
List your favourite subjects and your results in these:							
Subject		Percentage	Achievement Level				

Why are these favourite	subjects?			
Have you sought career § Interests/hobbies: What have you been doin	guidance? Yes/ No. If yes	, from whom?		
Year	Details			_
Institution:	an NSB Bursary? Yes/N	o. If yes, state year:	amount:	
SECTION H If you hold other bursarie	es please list them below a	and state their full value		
Name	Amount	Name	Amount	
Tuition Fees R Books/Stationery R	osts be next year?		inimum of the bursary requir	red

SECTION J

Write an essay motivating your choice of degree/ diploma and your future plans (i.e. how you intend using your degree / diploma):					

SECTION K		
DECLARATION		
FAILURE TO COMPLETE THIS APPLICATII, knowledge correct and true.	TION FORM TRUTHFULLY MAY LEAD TO DO., (please print) declare that the information provi	ISQUALIFICATION. ided by me is to the best of my
Signature:	Date:	
NB: Parent/Guardians are requested to Management Portal for capturing stude	pay a monthly fee of R120.00 as contributients' information	on for the student
Bursaries will be awarded according to Condition	availability of funds and according to spon	sor's Criteria, Terms and
The Minimum payout for Textbooks/ Stursary.	tationery is R2000.00 per year subject to sp	onsor's amount of
(1	FOR OFFICE USE ONLY)	
SECTION L		
DECISION OF THE BURSARY SELECTION THAT DECISION	N COMMITTEE AND REASON FOR	
Approved Not Approved		
Reason:		
SIGNATURE OF BURSARY SELECTION C	COMMITTEE MEMBERS	
1.		
Chairman/Executive Director		
2.		
Selection Committee Member		
3. Selection Committee Member	Date	
Γ	Please return this form by: 31 October	
	2 20000 return time rorm by, or october	