

2 Queens Park Avenue

SALTRIVER

7925

P O Box 16210

Vlaeberg 8018

Tel: (021) 442 3500

Fax: (021) 447 7271

**BURSARY APPLICATION FORM**

**CLOSING DATE: 16TH DECEMBER 2014**

**Application form for University, University of Technology, Further Education & TRAINING College *or* Islamic INSTITUTION BURSARY**

*Please return this form* ***by December 16th*** *to*:

**The Bursary Department**

**2 Queens Park Ave, Salt River, 7925**

**P.O Box 16210, Vlaeberg 8018**

**Tel: (021) 442 3500 • Fax: (021) 447 7271**

**PLEASE WRITE CLEARLY IN BLOCK CAPITALS and READ THE ACCOMPANYING LETTER CAREFULLY BEFORE COMPLETING THIS FORM.**

*ENSURE THAT ALL SECTIONS ARE COMPLETED.*

**SECTION A – PERSONAL AND HOME DETAILS**

|  |  |
| --- | --- |
| Surname: | Title: (Mr./Mrs./Ms.) |

|  |  |  |
| --- | --- | --- |
| First Names: | Marital Status: (Single/Married) |  |

|  |  |  |
| --- | --- | --- |
| Citizenship: (SA/Other) | Date of Birth: |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ID Number |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Home Address: | | | |
|  | | | |
| Post Code: | | Contact no: | Cell no: |
| Address to which correspondence should be sent: | | | |
|  | | | |
| Post Code: | Email address: | | |

**SECTION B – CURRENT ACADEMIC DETAILS, SCHOOL AND UNIVERSITY**

***Please attach a certified copy of your latest September results, to be followed by your December results, by no later than 8th January 2015***

|  |  |
| --- | --- |
| Name of Institution enrolled with this year (2014): | Student number: |

|  |  |
| --- | --- |
| Current course of study: |  |

|  |  |
| --- | --- |
| Date of first registration for this course: | Estimated completion date: |

|  |  |
| --- | --- |
| **School Subjects (Grade 12)** | **Percentage** |
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| **University/College Courses** | **Percentage** |
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| **Type of Institution you intend enrolling with next year? *Tick appropriate field:***   |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | University | University of Technology | FET College | Islamic Institution | | **Matric -Going to:** |  |  |  |  | | **Currently at:** |  |  |  |  |   Proposed course of study next year: | |  |
| Name of institution: | Estimated completion date: | |

|  |  |
| --- | --- |
| What career do you intend following on completion of your studies: |  |

**SECTION C – FAMILY AND FINANCIAL DETAILS**

**DECLARATION OF FINANCIAL POSITION**

**To be completed by the parent (unless deceased), guardian, or person on whom the applicant is dependent 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 (e.g. minister of religion, postmaster, or senior police officer).

Documents to be submitted with the application form:

* Recent pay-slip **of breadwinner (both parents/guardians)**
* Certified copy of balance sheet **if breadwinner is self-employed**

(An unemployed parent/guardian/husband/wife should indicate “unemployed” on the declaration and **submit an affidavit indicating how long unemployed and how family copes financially)**

If there is no one in the family who is formally employed, state where the family income is derived from (e.g. hawking, seasonal employment etc.).

|  |  |
| --- | --- |
| Full name of applicant: |  |

|  |  |
| --- | --- |
| Name of person on whom applicant is dependent for support: |  |

|  |  |
| --- | --- |
| Relationship to applicant: | Age: |

|  |  |
| --- | --- |
| Occupation of Father or Guardian: |  |

|  |  |  |
| --- | --- | --- |
| Full name and address of employer, or of own business: | | |
|  | | |
| Post Code: | Telephone number: |  |

|  |  |
| --- | --- |
| Occupation of Mother: |  |

|  |  |  |
| --- | --- | --- |
| Full name and address of employer, or of own business: | | |
|  | | |
| Post Code: | Telephone number: |  |

**INCOME STATEMENT:**

|  |  |
| --- | --- |
| Gross monthly income of Father/guardian |  |
| Gross monthly income of Mother/wife/husband |  |
| Pension received (per month, if any) |  |
| Other monthly income (e.g. maintenance, rent from property, etc) |  |
| **Total monthly income** |  |

|  |  |
| --- | --- |
| Number of people in the household: |  |

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

|  |  |
| --- | --- |
| Signature of Parent/Guardian/Wife/Husband: | Date: |

I certify that the deponent has acknowledged that he/she knows and understands the contents of this affidavit/ declaration, which was sworn to before me

|  |  |  |  |
| --- | --- | --- | --- |
| at: | on this: | day of: | (month) 20 |

|  |  |
| --- | --- |
| Commissioner of Oaths (please print name): | Signature: |

|  |  |
| --- | --- |
| Official Stamp: |  |

**SECTION D – FURTHER PERSONAL DETAILS**

**IF YOU HAVE ALREADY MATRICULATED, WHAT HAVE YOU BEEN DOING SINCE YOU LEFTSCHOOL?**

|  |  |
| --- | --- |
|  |  |
|  |  |
| Name of School/Institution: | Year: |
| Province: |  |

What will the total costs be for next year?

|  |  |
| --- | --- |
| Fees: | R |
| Accommodation: | R |
| Travel: | R |
| Books/Stationery | R |
| Living expenses | R |
| **Total monthly costs:** | **R** |
| State the minimum value of the bursary you require: | |
|  | R |

**NB.**

N

Y

**Are you receiving a bursary from another institution?:**

**If yes, from which institutions and what are the amounts?**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |
| --- |
| **REMEMBER: If you can manage with less, you can help us help another student!** |

**A COMMISSIONER OF OATHS MUST COMPLETE THE SECTION BELOW:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| The applicant (insert full names) | | | | | | | | |  | | | | | | |
| I.D. Number |  |  |  |  |  |  | |  | |  |  |  |  |  |  |
|  | | | | | | | has attached a certified copy of his/her identity document | | | | | | | | |

|  |  |
| --- | --- |
| Commissioner of Oaths (please print name): | Signature: |

|  |  |
| --- | --- |
| Official Stamp: | Date: |

**SECTION E – MOTIVATION AND DECLARATION**

**MOTIVATE YOUR APPLICATION FOR A BURSARY IN TERMS OF YOUR ACADEMIC ABILITY, FINANCIAL NEED, AND CAREER PLANS:**

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***N.B. The final selection is based on your year-end results, which should reach us before 8th January2014.***

I,…………………………………………………………………………………………………….. (Please print)

|  |  |
| --- | --- |
| declare that the information provided by me is to the best of my knowledge correct and true |  |
| Signature: | Date: |
|  |  |
| Witness: |  |

***Failure to complete this application form truthfully may lead to your disqualification***

**Please ensure that the following documents accompany your application:**

* Application Form
* Motivation Letter completed
* Certified copy of Identity Document
* Certified copies of two (2) references (See Bursary Criteria)
* Certified letter/salary slips-confirming income of **both guardians/parents** or affidavit
* Certified copy of Matric Results
* Certified copy of most recent results.

|  |
| --- |
| **All enquiries should be directed to Nijema Hayat on 0833212555 after 18h00, email address** [**nijemahayat@vocfm.co.za**](mailto:nijemahayat@vocfm.co.za) **and Armien Lucas on 0833025152, email address [armienlucas@gmail.com](mailto:armienlucas@gmail.com)** |