



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: 08 JANUARY 2016

APPLICATION FORM FOR UNIVERSITY, UNIVERSITY OF TECHNOLOGY, FURTHER EDUCATION & TRAINING COLLEGE OR ISLAMIC INSTITUTION

Please return this form by January 09th 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

NO EMAILED/FAX COPIES ACCEPTED
ONLY WESTERN CAPE CANDIDATES MAY APPLY

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														
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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 2016

Name of Institution enrolled with this year (2015): _____ Student number: _____

Current course of study: _____

Date of first registration for this course: _____ Estimated completion date: _____

School Subjects (Grade 12)	Percentage

University/College Courses	Percentage

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 LEFT SCHOOL?

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.

Are you receiving a bursary from another institution?:

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

Y	N
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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														
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has attached a certified copy of his/her identity document

Commissioner of Oaths (please print name):

Signature:

Official Stamp:

Date:

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 via Whatsapp to 0833212555 email address nijemahayat@vocfm.co.za. Please contact after 6pm.