



# 2014 Local (South African Universities) Study Bursary application form

### PART 1

| PERSONAL DE                   | TAILS   |            |            |           |           |    |  |          |
|-------------------------------|---------|------------|------------|-----------|-----------|----|--|----------|
| TITLE:                        | Mr      | Ms         |            |           |           |    |  |          |
| SURNAME:                      |         |            |            |           |           |    |  |          |
| NAME:                         |         |            |            |           |           |    |  |          |
| SA CITIZEN:                   | YN      | ID NO.     |            |           |           |    |  |          |
| PROVINCE:                     |         |            |            |           |           |    |  |          |
| RESIDENTIAL A                 | DDRESS  | <b>S</b> : |            |           |           |    |  |          |
|                               |         |            |            |           |           |    |  |          |
| POSTAL ADDRI                  | ESS:    |            |            |           |           |    |  | ,        |
|                               |         |            |            |           |           |    |  |          |
| APPLICANT CO                  | NTACT [ | DETAILS: ( | please con | nplete al | l details | s) |  | <b>'</b> |
| HOME TEL.:                    |         |            |            |           |           |    |  |          |
| CELL NO.:                     |         |            |            |           |           |    |  |          |
| ALERNATIVE C                  | ONTACT  | NO.:       |            |           |           |    |  |          |
| EMAIL ADDRES                  | SS:     |            |            |           |           |    |  |          |
| NAME OF PARE<br>OR NEXT OF KI |         | RDIAN _    |            |           |           |    |  |          |
| RELATIONSHIP                  | :       |            |            |           |           |    |  |          |
| CONTACT (WOR                  | K):     |            |            |           |           |    |  |          |
| CONTACT CELL:                 |         |            |            |           |           |    |  |          |

#### **IMPORTANT NOTES**

- Please print.
- Failure to complete this application form fully and correctly may prejudice the applicant's chances of obtaining a bursary.
- Your Parent/ Guardian MUST approve this application form before it is submitted to Statistics South Africa
- Please attach the following documents:
- a) Copy of Certified Matric (Grade 12) Certificate and/or any other Qualifications
- b) 2013 Grade 12 applicants to provide the June and September results and testimonials
- c) Copy of Certified Identity Document
  d) Certified documentation of Parent's/Guardian's latest proof of monthly income
- e) Completed Curriculum Vitae

#### **CLOSING DATE FOR APPLICATION:**

| 10 January | 2014 |
|------------|------|
|------------|------|

#### PART 2

#### **EDUCATION DETAILS**

(Please supply certified results for both Grade 12 or Tertiary studies)

| Highest grade passed: |  |
|-----------------------|--|

| Grade 12 Subjects: |   |
|--------------------|---|
| 1                  | 5 |
| 2                  | 6 |
| 3                  | 7 |
| 4                  | 8 |

## Particulars of current studies (Tertiary students only)

| Name of Degree:   |  |  |
|---|--|--|
|   |  |  |
| Name of Institution:  |  |  |
| Student No. (If any):   |  |  |
| Year of Study:  |  |  |
| rear or Study.  |  |  |
| PART 3  |  |  |
| Please complete a full motivation as to why you are requiring financial assistance: |  |  |
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## PART 4

| APPLICANT  |                         |
|--|-------------------------|
| I declare that the above particulars ar                        | e complete and correct. |
|  |                         |
| Signature of Applicant   | <br>Date:               |
|  |                         |
|  |                         |
| Signature of Parent/Guardian (If candidate is younger than 21) | Date:                   |
| , ,  |                         |
| DADT 5   |                         |
| PART 5   |                         |
| FOR OFFICE USE ONLY  |                         |
| TON OFFICE COL CIVET   |                         |
| BURSARY COMMITTEE  |                         |
| Recommendation:  |                         |
|  |                         |
|  |                         |
| ADDROVED   | NOT APPROVED            |
| APPROVED   | NOT APPROVED            |
| Chairperson: Bursary Committee                                 |                         |
| , , , , , , , , , , , , , , , , , , ,                          |                         |
| Name:  |                         |
| Signature:   |                         |
| Date:  |                         |