



GAUTENG PROVINCE

HEALTH
REPUBLIC OF SOUTH AFRICA



Gauteng Department of Health
37 Sauer Street, Johannesburg
Private Bag X085, Marshalltown
2107

BURSARY APPLICATION FORM

Under Graduate studies – Full Time Applicants

Directions to applicants:

- No late applications will be accepted after the closing date.
- The application form must be completed in block letters.
- Where applicable mark with X.
- Only completed forms will be considered (no faxes or e-mails).
- Applicants must comply with the check list of all supporting documents below to be considered for a bursary.

ACCOMPANYING DOCUMENTS AND CHECK LIST (ALL COPIES MUST BE RECENTLY CETIFIED)

- ✓ Copy of your Identity Document.
- ✓ Copy of your Parents / Guardian Identity Document.
- ✓ Copies of Identity Documents/Birth certificates of dependants.
- ✓ Copy of your Grade 12 certificate.
- ✓ Proof of registration at a University (for those that are registered).
- ✓ Academic record (progress report) University.
- ✓ Proof of income of parents / guardian (sworn affidavits for those without proof of income).
- ✓ Proof of residence (utility bill registered in your parents/guardian name – e.g. electricity account).

Grade12 applicants must ensure that they provide the following documents in addition to the above:

- ✓ Motivation why you should be awarded a bursary.
- ✓ Letter from the manager at a Hospital/ health Facility where you have done voluntary work.
- ✓ Copy of your mid – term grade 12 results.
- ✓ Letter of acceptance/preliminary acceptance from the University.

PART A: PERSONAL DETAILS

Title:	Surname:				First Name:								
Gender:	Female		Male		Race:	African		Coloured		Indian		White	
Disability	Yes	No	If yes please specify:										
Identity Number													
Nationality:						Province:							
Marital Status: _____						Home Language: _____							
Residential Address:						Postal Address:							
_____						_____							
_____						_____							
_____						_____							
Postal code: _____						Postal code: _____							
Home Tel No.: _____						Other: _____							
Cell No.: _____													
E-mail: _____													

PART B: DEGREE INFORMATION

NAME OF THE DEGREE/DIPLOMA FOR WHICH THE BURSARY IS REQUIRED (e.g. MBCHB/Pharmacy/MOP):						
For which year of study are you requesting the bursary?	1 st	2 nd	3 rd	4 th	5 th	6 th
At which University are you registered / intending to register: _____						
Student No.: _____ Year of Study: _____						
Major subjects:						

PART C: HIGH SCHOOL DETAILS

Last School Year: _____ Name of School: _____

Highest grade passed: _____

Subjects Passed	Symbols / Levels

PART D: INSTITUTION OF HIGHER LEARNING FINANCIAL STATUS

Are you currently or have you been a recipient of a bursary (Government/Private):

Yes No

If yes- Name of the bursary: _____

When did the bursary obligation expire: _____

Do you / have you received a study loan

Yes No

If yes- Name of the loan and Institution: _____

Value of the loan: _____

Contract period of the loan: _____

PART E: PARENT / GUARDIAN DETAILS

Name and Surname: _____

Home Tel No.: _____ Work Tel No.: _____

Cell No.: _____ E-mail: _____

Address: _____

_____ Postal code: _____

Relationship: _____

PART F: PARENT / GUARDIAN FINANCIAL STATUS

Mother Job Title: _____ Monthly income: R _____

Father Job Title: _____ Monthly income: R _____

Guardian Job Title: _____ Monthly income: R _____

Total Parents / Guardian combined income per annum: R _____

Number of Dependants: Not Studying: _____ At Tertiary: _____ At School: _____

PART G: DECLARATION

I declare that the above information provided is correct. In the event that I am provided with a bursary I will abide by the regulation of the Gauteng Department of Health's Bursary Scheme.

Applicants signature: _____ Date: _____

Parent / Guardian signature: _____ Date: _____