

ANDM EXTERNAL BURSARY APPLICATION FORM FULL TIME STUDIES

INSTRUCTIONS REGARDING THIS BURSARY FORM

- > Use block letters to complete the Application form
- ➢ Give concise answers and where applicable mark with X Attach certified copies of the following:
- > Identity document
- > Grade 12 certificate or latest results for current grade 12 leaners
- > Acceptance letter from recognized tertiary institution
- Motivation letter(section 4 of the application form)
- > Proof of income
- > Proof of residence from ward Councilor

Where did you hear about Alfred Nzo Bursary?

Newspaper	Online	Friend	Facebook	Other (please		
				specify)		



1.PARTICULARS OF APPLICANTS

Surname:							
First Names:							
Identity number:							
Date of birth:							
Gender:	Female			Ma	ale		
Race:	African		Coloure		Indian	white	
Disability:	Yes	No			ify the nature		
Diodomty.	100	110	ј п усо р	loado opoc	my the hatare	or diodomity	
Cell phone no:	ell phone no: Alternative cell no:						
Home Tel no:			Fax				
Email Address:							
Postal Address:					ess:		
2.PARTICULARS OF							
NB: please attach certi		of late	st grade	12 results,	grade 12 certi	ficate, and or tertiary	
results and academic r							
What are doing this	Grade 1	2		Full-time t	ertiary	Gap year	
year:	!' ('	- 1- 1 - 1	I.	studies			
Highest educational q							
	Name of the school you are currently attending Or where you completed grade 12:						
			ontly roai	otorod at if	vou bovo oo	mmonood vour tortion	
Name of tertiary institution you are currently registered at if you have commenced your tertiary studies							
Studies							
Proposed programm	e for 2019)					
oposou p. og							
First year students 20	19						
First choice:							
Institution:			Ca	ampus:			
Second choice			L				
Institution			Ca	ampus:			
Second year students	2019						
Name of the qualificat							
Institution:			Ca	ampus:			
Student number:			•	•			
Attach a certified copy	of your la	test res	ults and	academic r	ecord		



3. DETAILS OF	PARENTS	/LEGA	L GU	IARDIAN	AND F	FAMILY (LIVI	NG WI	TH YO	U)
Attach a proof of income: payslip, grant receipt etc.										
Surname : First names:										
Relationship:	Father		Mother		Legal Guardian				Other , specify	
Marital status:	Married	Married Divorced Se		Separated		Unmarried Decea		ased	Widowed	
Employed:	yes No		Pensio		ioner yes		no			
Surname: First names:										
Relationship	Father Mothe		Mother		Legal Guardian			Other, specify		
Marital status:	Married	Divor	ced	Separat	ted	Unmarried Deceased		ased	Widowed	
Employed:	yes No Pensioner yes			no						
Surname:	First names:									
Relationship	Father Mothe		Mother	Legal Guardian				Other , specify		
Marital status:	Married	Divor	orced Separa		ted	Unmarried Dece		Dece	ased	Widowed
Employed:	yes				Pensioner yes				no	
Other members of your family who are living at your home not mentioned above										
Name	Relations (brother, grandpare	hip	category (child student Adult		ld,	income (per month)		type of income (wages, grant pension		



4. MOTIVATION WHY YOU MUST BE CONSIDERED FOR ANDM BURSARY(use additional pages if necessary)
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DECLARATION
I hereby declare that all the information provided (including any attachments) is complete and correct to the best of my knowledge. I understand that any false information supplied could lead to my application being disqualified.
Applicants signature : Date