



2 Queens Park Avenue  
SALTRIVER  
7925

P O Box 16210  
Vlaeberg 8018

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

## BURSARY APPLICATION FORM 2020

**NB – THE VOC MBC BURSARY FUNDS ARE APPLICABLE FOR FEES ONLY.  
THE BURSARY WILL THUS ONLY BE PAID INTO SUCCESSFUL CANDIDATES'  
FEES ACCOUNT**

**CLOSING DATE: FRIDAY 17<sup>TH</sup> JANUARY 2020**

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

*Please return this form to:*

**The Bursary Department  
2 Queens Park Ave, Salt River, 7925** **NO EMAILED/FAX COPIES ACCEPTED**

**P.O Box 16210, Vlaeberg 8018** **ONLY WESTERN CAPE CANDIDATES  
MAY APPLY**

**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 No													

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 17th January 2020*

Name of Institution enrolled with this year (2019):	Student number:
Current course of study:	
Date of first registration for this course:	Estimated completion date:

SUBJECTS	%	UNIVERSITY/COLLEGE SUBJECTS	%

**Type of Institution you intend enrolling with next year? *Tick appropriate field:***

	University	University of Technology	FET College	Islamic Institution
<b>Matric -Going to:</b>				
<b>Currently at:</b>				

Proposed course of study next year:

Name of institution:	Estimated completion date:
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What career do you intend following on completion of your studies:	
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## **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:
<b>INCOME STATEMENT:</b>	
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)	
<b>Total monthly income</b>	
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:
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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
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Commissioner of Oaths (please print name):	Signature:
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Official Stamp:	
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## **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
<b>Total monthly costs:</b>	<b>R</b>
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. No													
							has attached a certified copy of his/her identity document						

Commissioner of Oaths (please print name):	Signature:
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Official Stamp:	Date:
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**SECTION E – MOTIVATION AND DECLARATION (You may write or type your motivation and attach to form)**

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

[illegible]

**NB. The final selection is based on your year-end results, which should reach us before 17<sup>th</sup> January 2020.**

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 Nabeweya Malick-Sedick via  
Whatsapp to 081 560 7409 / email address [nabeweyam@gmail.com](mailto:nabeweyam@gmail.com)**



