

THE PHARMACEUTICAL SOCIETY OF SOUTH AFRICA

Foundation for Pharmaceutical Education

PO Box 75769
Lynnwood Ridge
0040



Telephone: 012 470 9562
Fax: 0866 159 835
email: nitsa@pharmail.co.za

INFORMATION FOR POST GRADUATE BURSARY APPLICANTS

- No applications will be accepted after **14 April 2020**
- Only **full-time pharmacy** students registered with a School/Department/Faculty of Pharmacy will be considered
- Only applications from South African citizens will be considered – this means you have a SA ID number
- The postgraduate student must be a PSSA member (currently membership is free – send email to nitsa@pharmail.co.za for application form)

Kindly note the following:

- All information in the financial section of the application form will be treated in strictest confidence.
- Incomplete applications will not be considered. Ensure that all supporting documentation is attached, i.e. ID, proof of income, academic record, etc.
- **The decision of the Committee is final and no correspondence will be entered into concerning its decisions.**
- No conditions are attached to the awards regarding any post-qualification requirements. However, should the recipient of an award discontinue his/her studies for any reason during the year of the award, the award becomes repayable immediately in such manner as the Foundation may decide.
- The bursaries awarded are made payable to the institution at which the recipient is studying. After deduction of fees and other legitimate expenses the institution will pay over any balance to the recipient.
- Recipients of bursaries must submit a new application each year.

FPE Postgraduate Assessment Criteria

- Project Viability and Academic potential – 60%
- Financial need – 40%

Please submit your application electronically to:

Ms Nitsa Manolis, nitsa@pharmail.co.za

Fax (only signed pages and supporting documentation): 0866 159 835, can also be scanned and sent electronically

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APPLICATION FOR A POSTGRADUATE STUDY BURSARY FOR 2020

THIS FORM **MUST** BE COMPLETED AND **SUBMITTED ELECTRONICALLY**. THE SIGNED PAGES AND SUPPORTING DOCUMENTATION SHOULD BE FAXED TO 0866 159 835 or scanned and emailed to nitsa@pharmail.co.za
Closing date is 14 April 2020

Post-graduate study for:	Honours	Masters	Doctoral	Full-time	Part-time
TITLE		SURNAME			
FIRST NAME					
GENDER	M	F	RACE		
UNIVERSITY					
STUDENT NUMBER					
HOME ADDRESS					
				Postal Code	
TELEPHONE					
EMAIL					
POSTAL ADDRESS					
				Postal Code	
CITIZENSHIP					
ID NUMBER					
MEMBER OF THE PSSA?	YES	NO	Membership no.		

ACADEMIC PARTICULARS (NB. provide certified copy of academic record)

Degrees, Diplomas etc.	Study Field	University	Year completed

SOURCES OF INCOME DURING PERIOD OF STUDY

Are you currently receiving an income? _____

If No, then state how you are paying for living expenses: _____

Provide certified copies of supporting documentation e.g. recent payslip, IRP5 etc.

Gross salary of applicant (per annum):	
Gross salary of spouse (per annum):	
Gross salary of parents/guardian (per annum):	
Any additional income from other sources (e.g. parents) – please specify:	
TOTAL income per annum:	

OTHER FINANCIAL SUPPORT AWARDED, APPLIED FOR OR ENVISAGED DURING THE PERIOD OF STUDY

Type of Finance	Source	Successful or Pending?	Amount
TOTAL (Rand)			

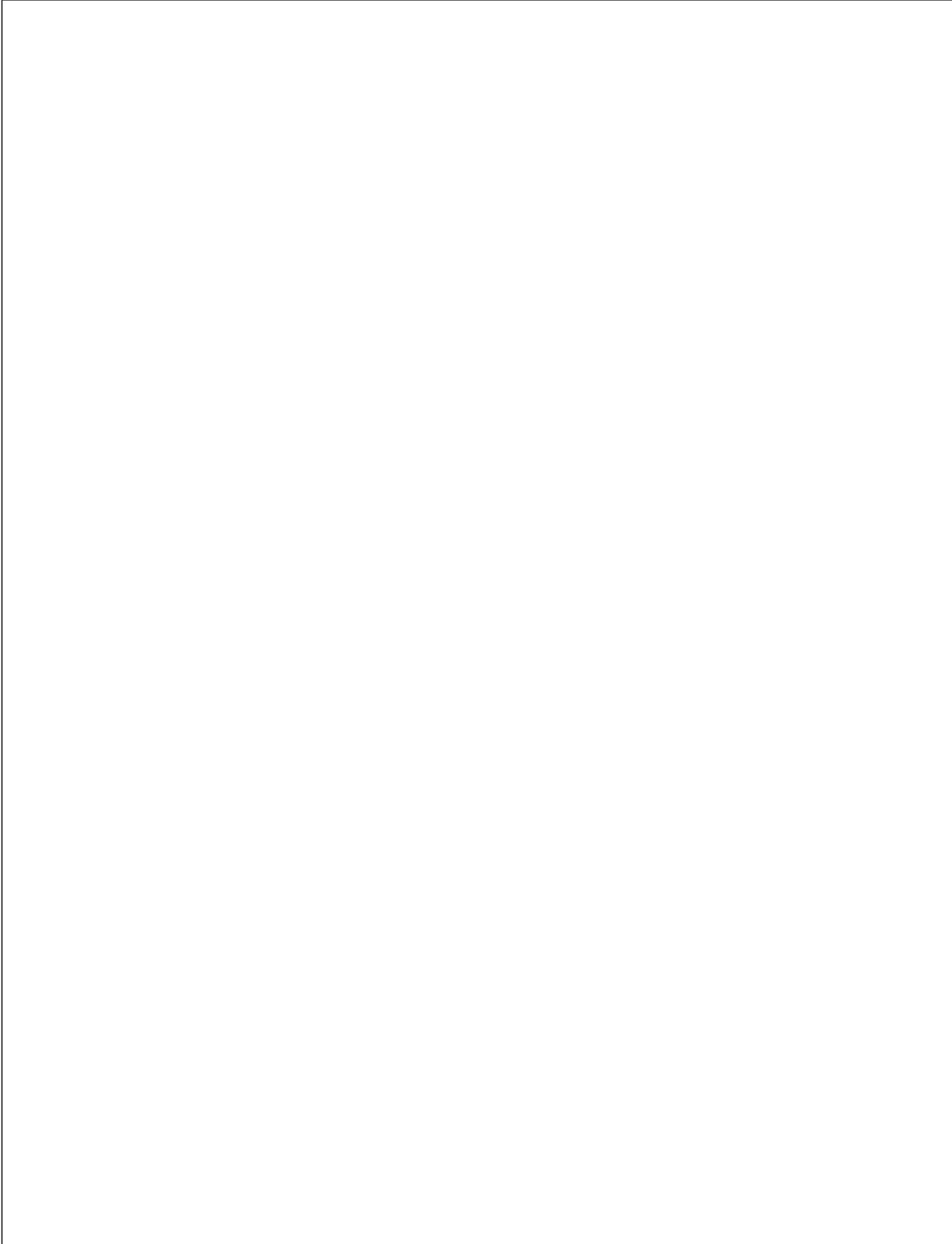
DETAILS OF INTENDED STUDY

The study mainly comprises of:	Research	Attending lectures	Both
Name of University			
Name of Department			
Degree registered for			
Field of Study			
Promoter/Supervisor of Study			
Position of supervisor			

PROJECT SUMMARY – must be in your own words. Applications that have the same wording will not be considered.

Include the research project summary **NOT EXCEEDING 800 WORDS** that includes its rationale, objectives, brief description of methodology and the health and economic benefits. Also mention current progress of research if applicable.

NB! Include an itemised project budget (not part of the project summary of 800 words)



Any additional information you wish to furnish in support of this application – for example financial need (please provide supporting documentation)

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I certify that these statements are correct.

Witness		Applicant	
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Date		Date	
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***Please return this form to Ms Nitsa Manolis
The signed pages and supporting documentation should be faxed to: 0866 159 835 or
scanned and emailed to nitsa@pharmail.co.za***

Closing date is 14 April 2020

CONFIDENTIAL REPORT BY HEAD OF DEPARTMENT OR SUPERVISOR

This page can be submitted independently from the student's application

Name of applicant:

Please complete the questionnaire with respect to the applicant.

Characteristic	Top 5%	Top 30%	Lower 70%	Don't know
Intellectual ability				
Research aptitude				
Goal orientation				

Elaborate on particular aspects of the applicant's abilities and applicable research background and the particular requirements of the project, which you consider important in assessing the application:

Signature	<input type="text"/>	Name	<input type="text"/>
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Job title	<input type="text"/>	Date	<input type="text"/>
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***Please return this form to Ms Nitsa Manolis
A copy of the signed papers should be faxed to: 0866 159 835 or scanned and emailed to
nitsa@pharmail.co.za***

Closing date is 14 April 2020