

SURNAME : _____

FIRST NAMES : _____

IDENTITY NUMBER : _____

SOUTH AFRICAN CITIZEN : _____

RACE : _____

GENDER : _____

RESIDENTIAL ADDRESS : _____
Code: _____

POSTAL ADDRESS : _____
Code: _____

E-MAIL ADDRESS : _____

TELEPHONE NUMBERS : _____

HOME LANGUAGE : _____

STATE OF HEALTH : _____

PHYSICAL OR OTHER HANDICAPS : _____

CHOSEN COURSE OF STUDY : _____

PROPOSED UNIVERSITY : _____

SCHOOLS ATTENDED : _____

MATRICULATION SUBJECTS:

(State Grade and symbols. If in Matric, state most recent marks or symbols)

- | | |
|----------|----------|
| a) _____ | e) _____ |
| b) _____ | f) _____ |
| c) _____ | g) _____ |
| d) _____ | h) _____ |

(Please enclose photocopy of latest results)

IF ALREADY AT UNIVERSITY:

NAME OF UNIVERSITY : _____

YEAR OF STUDY : _____

ACADEMIC RESULTS TO DATE : *(Attach Certified Copy)*

ACADEMIC DISTINCTIONS AND SCHOLASTIC ACHIEVEMENTS:

OUTSIDE INTERESTS:

SPORTING : _____

OTHER (Including Hobbies) : _____

MOTIVATION FOR SPONSORSHIP AND FOR CHOSEN CAREER:

NAME, ADDRESS AND TELEPHONE NUMBERS OF EACH OF TWO PEOPLE FROM WHOM REFERENCE MAY BE OBTAINED (not family members or relations):

IF YOU HAVE APPLIED FOR ANY OTHER BURSARIES, LIST FIRMS BELOW:

IF YOU CURRENTLY HAVE A BURSARY WHICH WILL BE RENEWED, PLEASE PROVIDE FULL DETAILS

SIGNATURE OF APPLICANT : _____

DATE : _____

Please send the Complete Form, Copies of Latest Results, Proof of Family Income, a Copy of your ID and a recommendation letter from one of your lectures to:
The Arup Education Trust
10 High Street
Melrose Arch 2076 Tel: 011 218 7613, Email:aet.enquiries@arup.com