

ORIGINAL CHIETA DOCUMENT



# BURSARY APPLICATION FORM YEAR 2019

### Please attach certified copies of the following:

- Statement of final results for the 2018 academic year or statement of semester results for 2018 academic year.
- Certified ID copy (not older than 3 months).
- Proof of registration from any accredited South African Public Tertiary Institution.

## **Closing date:**

• 28 February 2019, No late applications will be considered.

Section A: Personal Details	Section A: Personal Details							
Name(s) of Leaner								
Surname								
ID number								
Date of Birth								
Contact number								
Email								
Gender	Male			F	Female			
Equity	Black		Indian	(	Coloured		White	
				,				
Physical Address								
riiysicai Addiess	Municipality							
	Province			Code				
Postal Address (if not the same as above)	Municipality							
	Province			Code				



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Section B: Details of studies applied	ed for				
Name of Course/Degree/Diploma					
Name of Institution					
Please indicate which year of study for	unding is app	lied for			
Year of Study (Please tick where	Cost				
applicable)					
First					
Second	R				
Third	R	R			
Fourth	R	R			
0 11 0 5 11 65 11					
Section C: Details of Family					
1. Attach the most recent proof	of income of	PARENT(S)/GUA	ARDIAN(S) (salar	y pension slip n	not older than 3
months).					
2. A certified copy of the Pensio	• •		•	NT(s)/GURDIAN	I(s) or any other
member of the household mu					
3. A sworn statement (not older	than 3 mont	ths) must be atta	iched if your PAF	RENT(S)/GUARE	DIAN(S) is
unemployed. 4. Attach CERTIFIED copies of ID	ENITITY DOCI	INJENITS of the a	andicant and DAI	DENIT/S\/GUADI	DIAN
Details of Mother	ENTITY DOCK	DIVIENTS OF the a	ipplicant and PAI	KENT(S)/GUARI	DIAN.
Name(s) of Mother					
Surname					
ID number					
Contact number	( )		Mobile No.		
Physical Address		D.A. uminimalita			
		Municipality Province		Code	
		FIOVIICE		Code	
Postal Address (if not the same as abo	ove)				



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			Municipal	ity						
Occupation			Province			C	Code			
Occupation										
Employer Name										
What type of employer is this?		Private			Government			t		
If unemployed are they claiming from UIF?		Yes		·	No					
Source of Income (Please tick)	Wages		Salaries		Grants			Oth	er	
Gross monthly earnings				R		_	•			
Details of Father										
Name(s) of Father										
Surname										
ID number										
Contact number			( )				Mobil	e No.		
Physical Address			Municipal	itv						
			Province	icy .			Code			
									1	
Postal Address (if not the same as	above)									
	,		Municipality							
Occupation			Province				Code			
Сосираноп										
Employer Name										
What type of employer is this?		Privat	:e			Go	vernm	ent		
If unemployed are they claiming f	rom UIF?									
			Yes			N	0			
Source of Income (Please tick)	Wages		Salaries		Grants	s		Ot	ther	
Gross monthly earnings					R					



# ORIGINAL CHIETA DOCUMENT



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Details Guardian							
Name(s) of Guardian							
Surname							
ID number							
Contact number		( )			Mobile N	о.	
Dhysical Address							
Physical Address		Municipality	/				
		Province			Code		
Doctol Address (if not the same as	a bayal						
Postal Address (if not the same as	abovej	Municipality	Municipality				
		Province	Province		Code		
Occupation							
Employer Name							
Linpioyer ivallie							
What type of employer is this?		Private			Gove	rnment	
If unemployed are they claim	ing from						
UIF?							
		Yes		No	)		•
Source of Income (Please tick)	Wages	Salaries	Gı	rants		Other	
Gross monthly earnings			R				



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### **Section D: Details of Family structure**

- 1. Starting with the student, list ALL the family, members (including parents) residing permanently in your home that is dependent on the parent(s)/guardian's income.
- 2. If other siblings are students registered at a tertiary institution attach their proof of registration.

Name	Surname	Identity number	Relationship with applicant <sup>1</sup>	Currently busy with <sup>2</sup>
				_

Section E: PREVIOUS AND CURRENT FINANCIAL AID	(Provide details on any previous and current financial
aid that you have received)	

Name of Sponsor	Year Received	Amount received	Nature of Aid

<sup>2</sup>Studying/ Out of School/ Unemployed/ Employed

<sup>&</sup>lt;sup>1</sup>Spouse/ Partner/ Brother/ Daughter/ Son/ Uncle/ Aunt/ Grandparent/ Other



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Section F: Motivation (Provide r	Section F: Motivation (Provide reasons why you are requesting a bursary and why you believe it					
should be awarded to you. Also	should be awarded to you. Also include any other information we should be aware of )					
Section G: Declaration and signs	atures					
	true and correct. This application is no	t a guarantee for funding: the CHIFTA				
	etion of management based on the CHII					
Person	Signature	Date				
Applicant						
Mother / Guardian						
Father / Guardian						
ratilei / Guardian						
FOR BURSARY OFFICE USE ONLY	1					
FOR BURSARY OFFICE USE ONLY	<u>(</u>					
FOR BURSARY OFFICE USE ONLY						
Date received:/						
	_/2019 Received by:					