



Bursary Application Form for Full Time Bursaries

INSTRUCTIONS

1. Read carefully before completing, signing or submitting this form.
2. Ensure that this form is completed in full.
3. Complete in BLOCK LETTERS.
4. Note that this bursary cannot be used to pay for existing loans or debts.

Criteria:

5. Ensure that this form is duly signed.
6. Application forms with incomplete information will be disqualified.
7. Application forms with incorrect information will lead to your application being disqualified.
8. No faxed application forms will be accepted.

Ensure that you meet the following:

9. Attach **ALL** of the following documents **REQUIRED**:

- 9.1 Certified copy of a valid senior certificate (if you have completed Grade 12).
- 9.2 Certified copy of a valid South African identify document.
- 9.3 Certified copy of the latest academic transcript or record on official letterhead or logo (if you are already at university or university of technology).
- 9.4 Applications received after the closing date will not be considered.
- 9.5 Proof of parents'/guardian's income (Payslip/Grant or income letter) or affidavit declaring no income.

Post completed forms to or hand deliver:

Email to:-

trainingadmincpt@pg.co.za

For the attention: Steven Galantè

Hand deliver to:-

**The Training Manager,
PG Group,
90 Steel Road, New Era
Springs**

SECTION A - PERSONAL DETAILS OF APPLICANT

1.	Surname												
2.	First names												
3.	Date of birth												
4.	Place of birth												
5.	Identity No.												
6.	SA Citizenship	Yes						No					
7.	Gender	Male						Female					
8.	Race	African			Indian			Coloured			White		
9.	Do have a disability	Yes						No					
		If YES, describe the nature of disability:											
10.	Residential address with postal code												
11.	Postal address with postal code												
12.	Contact telephone numbers including dialling codes	Home				Cellular							
		Parent/Guardian				Other Contacts							
13.	Email address												
14.	Have you ever been found guilty of a criminal offence?	Yes						No					
		If yes, please specify the nature and date of offence:											

NB: Please note background checks will be conducted in accordance with the PG Group verification check process

SECTION B - HIGH SCHOOL ATTENDED

1.	Name of school				
2.	School address				
3.	Province				
4.	Grade (Please tick)	Currently in Grade 12		Completed Grade 12	
5.	Years attended	From:		To:	
6.	Subjects (List them below)	Level	Percentage	Level	Percentage
6.1					
6.2					
6.3					
6.4					
6.5					
6.6					
6.7					
6.8					
6.9					

NB: Attach proof of the latest results.

SECTION C - POST MATRIC QUALIFICATIONS

1.	Full name of highest qualification				
2.	Nature of qualification	Degree		Diploma	
3.	Status	Presently studying		Discontinued	
4.	If discontinued, for what reasons?				
5.	If presently studying, which year of study? (Please tick)	First Year	Second Year	Third Year	Fourth Year
6.	Student number				
7.	Name of institution				
8.	Address of institution				
9.	Subjects				Marks/ % obtained
List the subjects	9.1				
	9.2				
	9.3				
	9.4				
	9.5				
	9.6				
	9.7				
	9.8				
	9.9				
	9.10				

NB: Attach proof of latest academic results or academic transcript/s

SECTION D - INTENDED STUDY FOR THE NEW ACADEMIC YEAR (Please mark with 'X')

1.	Name of qualification										
2.	Field of study										
3.	Are you receiving any other bursary or loan?	Yes	No	If YES, describe below the nature of financial assistance and any obligations involved and provide the name of the institution that granted the bursary/ loan assistance:							

SECTION E – DETAILS ABOUT PARENT(S) / GUARDIAN(S) / NEXT OF KIN

1.	Surname													
2.	First names													
3.	Identity No.													
4.	Relationship	Mother	Father	Other, specify:										
5.	Residential address with postal code													
6.	Postal address with postal code													
7.	Contact telephone numbers including dialling codes	Home							Cellular					
		Work							Other contacts					
8.	Email address													

SECTION F – FINANCIAL DECLARATION

Please consider and record your monthly expenses under the headings below.

It is extremely important that you fully, accurately and truthfully determine and disclose your Total Monthly Expenses.

Also include any expenses paid on behalf of dependants. List amount spent monthly in Rands regardless of whether you are a monthly, weekly or fortnightly earner.

	Amount Spent Monthly - R
Housing rent/Bond – the Rand value amount that you contribute towards rent/bond every month	
Municipal expenses (water, electricity, rates & taxes)	
Medical expenses	
Education (School fees, school clothes, school books, stationery, after care, day care, boarding school, university accommodation fees)	
Domestic Worker and/or Gardener	
Groceries, household supplies, clothing and toiletries	
Monthly satellite payments (e.g. DSTV, Top TV)	
Eating out, movies, gym, entertainment	
Telephone, cell phone (Prepaid airtime and Contract)	
Car expenses and transportation (petrol, Tracker, public transport, lift club)	
Insurance: (Car, Life, Disability etc.)	
Maintenance: Child support	
Other: (specify for example; Court Orders, financial support of other dependents, bank charges)	
Total Monthly Living Expenses	
Weekly/Monthly Salary	
Non-Salary Income (Indicate what proof of income will be provided.) Investments, Rental Income, Maintenance Income: Child support, Government Grants and Pensions	
Available	

I _____ hereby declare that the above mentioned information in relation to my regular living expenses is both true and correct. I understand that this declaration, together with other documents, will be used to determine my eligibility for bursary assistance.

Signature: _____ Date: _____

SECTION G – DECLARATION

- 1. I hereby, declare that **ALL** the information provided in this application form is complete and correct.
- 2. I hereby, acknowledge that if **ANY** of the information provided in this application form is found to be incomplete and/or incorrect, my application will be disqualified.

3. Signature of

3.1 APPLICANT : _____

3.2 Date : _____

4. Signature of (if applicant is under 18 years)

4.1 PARENT / LEGAL GUARDIAN: _____

4.2 Date : _____

FOR OFFICE USE ONLY

Date of review by Training Manger	
Date of issue to Board of Trustees for review	
Approved by Board of Trustees – name and signature	
Date received for processing by Training Manager – name and date	
Date bursary recipient was informed	
Date recipient signed contract	
Date processed for payment through Shared Services	