



BURSARY APPLICATION FORM

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APPLICATION FOR A BURSARY

A. Personal Details

Surname: _____

First Names: _____

Gender: Male/Female

Date of Birth: _____

ID Number: _____ Age: _____

African Asian Coloured Indian White

Disability: Yes No:

Marital status: _____

Home Language: _____

Physical Address: _____

Postal Address: _____

Cellphone: _____

Tel. no.: (h) _____

Tel.: (w) _____

Fax no.: _____

E-mail: _____



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B. Academic History: Schooling:

Highest Standard Passed: _____

Year Completed: _____

Subjects Passed In Highest Standard: _____

C. Tertiary Education:

1ST Degree / Diploma / Course/ Qualification _____

Highest Level Passed: _____ Year Completed: _____

Name of Institution: _____

Subject Passed: _____

Provide a full academic record from your Institution.

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C. STUDY PLAN


1. Study course for which assistance is applied:

2. Name of institution where course is to be held:

3. Intended duration of study course:

4. Course details:
(Indicate below in detail the course/s you intend to take as well as the proposed schedule.)

5. **MOTIVATION:** Motivate reasons for intended course of study:

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ESTIMATE:

DETAILS	AMOUNT
Registration Fees	
Tuition Fees	
Books	
Examination Fees	
TOTAL	

Other financial assistance: **Yes** **No**

If yes: Name and address of institution:

D. DETAILS OF PARENTS/GUARDIAN/NEXT OF KIN

Please attach the following documentation to this application:-

- Applicant's Birth Certificate or identity document
- Applicant's Grade 12 certificate or proof of highest level of education acquired.
- Any supplementary examination results, where applicable.
- Proof of registration at University / College / Technikon / School.
- Statement / account / invoice / receipt from the Tertiary Institution / concerned to show the cost of study (where not possible, an estimate of these costs). This must be on an official document.
- Family income and affidavit regarding same.
- Admission letter to tertiary Institution for first time learners

Household Income Details

Surname and Name	Relationship	Employer	Income Source	Income amount
		Total household		



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DECLARATION

I, _____ the undersigned, hereby acknowledge that I am fully acquainted with and accept the terms and conditions of the Siza Water External Bursary Scheme. I further certify that the information supplied in this application is correct.

_____	_____
APPLICANT'S NAME	DATE

SIGNATURE	
IF STILL A MINOR, SIGNATURE OF PARENT/GUARDIAN	
_____	_____
	DATE

Ward Councillor comments and Rubber Stamp

Signature.....

FOR OFFICE USE ONLY

Receipt / Shortlisted Yes No

Officials Name: _____ Officials Signature: _____

Date: _____ Decision: _____

Comments: _____
