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## EXTERNAL BURSARY APPLICATION FORM

NEW / EXISTING APPLICATION (which is applicable)

### A. Personal Details

Surname: \_\_\_\_\_

First Names: \_\_\_\_\_

Gender: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

ID Number: \_\_\_\_\_ Age: \_\_\_\_\_

African                  Asian                  Coloured                  Indian                  White

Disability: Yes.....                  No:.....(If yes, attach available medical support documentation)

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:**

Institution: \_\_\_\_\_

Highest Standard Passed: \_\_\_\_\_

Year Completed: \_\_\_\_\_

Subjects Passed In Highest Standard: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Attach certified copies of qualifications)

**Tertiary Education:**

INSTITUTION: \_\_\_\_\_

<sup>1<sup>ST</sup></sup>  
DEGREE/DIPLOMA/COURSE/QUALIFICATION \_\_\_\_\_

—

HIGHEST LEVEL PASSED: \_\_\_\_\_ YEAR COMPLETED: \_\_\_\_\_

SUBJECTS PASSED:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<sup>2<sup>ND</sup></sup> DEGREE / DIPLOMA / COURSE / QUALIFICATION \_\_\_\_\_

INSTITUTION: \_\_\_\_\_


HIGHEST LEVEL PASSED: \_\_\_\_\_ YEAR COMPLETED: \_\_\_\_\_

SUBJECTS PASSED:

\_\_\_\_\_

\_\_\_\_\_

(Attach certified copies of qualifications)

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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.)

**Course details from the institution must be attached.**

YEAR & SUBJECTS 20....	YEAR & SUBJECTS 20....	YEAR & SUBJECTS 20....	YEAR & SUBJECTS 20....

<p><b>5. MOTIVATION: Motivate reasons for intended course of study:</b></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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**COST:**

COST	CURRENT YEAR 20.....	YEAR 20.....	YEAR 20.....	YEAR 20.....
Registration Fees				
Tuition Fees				
Books				
Examination Fees				
<b>TOTAL</b>				

Other financial assistance: Yes  No

If yes: Name \_\_\_\_\_ and address \_\_\_\_\_ of institution: \_\_\_\_\_

**D. DETAILS ABOUT PARENTS/GUARDIAN/NEXT OF KIN**

Please attach the following documentation to this application:-

- Applicant's Birth Certificate and identity document
- Applicant's Grade 12 certificate or proof of highest level of education acquired.
- The previous year's examination results.
- Any supplementary examination results, where applicable.
- Proof of registration at University / College / Technikon / School.
- Statement / account / invoice / receipt from the University / Technikon / College / School concerned to show the cost of study (where not possible, an estimate of these costs). This must be done in writing. Education Committee to assist in this regard where necessary.
- Family income or an affidavit parents are unemployed (N.B: The company may use additional measures such as house visits, welfare workers assessment or other means to verify a candidate's previously as advantaged and/or economic status)
- Admission letter

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**DECLARATION**

I, \_\_\_\_\_ the undersigned, hereby acknowledge that I am fully acquainted with and accept the terms and conditions of the Sembcorp Silulumanzi External Bursary Scheme. I further certify that the information supplied in this application is correct and that, if I am awarded a bursary, I will abide by the bursary rules and conditions applicable

\_\_\_\_\_  
**APPLICANT'S NAME**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**SIGNATURE**

**IF STILL A MINOR, SIGNATURE OF PARENT/GUARDIAN**

\_\_\_\_\_  
**DATE**

