



**BURSARY APPLICATION FORM – 2023**

Please answer all the sections below:

**SECTION A**

Surname:												
First names:												
Date of birth:												
Place of birth:												
Identity No.:												
SA Citizenship:												
Gender and Race:	Male:		Female:		African:		Indian:		Colored:		White:	
Do you have a disability?	Yes:		No:									
If yes, describe the nature of the disability:												
Residential Address:												
Contact telephone numbers	Cellular:		Home:									
Email address												
Have you ever been found guilty of a criminal offence? If yes, specify:												

**SECTION B**

Details of High School Attended:

Name of School:						
School Address:						
Name of Principal:				Contact Number:		
Grade (Please tick)	Currently in Grade 12:		Completed Grade 12:			
Year Completed?						



**SECTION C**

**Post Matric Qualifications:**

<b>Name of Highest Qualification:</b>						
<b>Type of Qualification:</b>	<b>Certificate</b>		<b>Diploma:</b>		<b>Degree:</b>	<b>Other:</b>
<b>Status:</b>	<b>Currently Studying:</b>			<b>Discontinued:</b>		
<b>If discontinued, give reasons:</b>						
<b>If presently studying. Tick year:</b>	<b>1<sup>st</sup> year</b>	<b>2<sup>nd</sup> year</b>	<b>3<sup>rd</sup> year</b>	<b>4<sup>th</sup> year</b>	<b>Other</b>	
<b>Name of Institution:</b>						
<b>Student Number:</b>						
<b>Address of Institution:</b>						
<b>Contact no.:</b>						

**Details of field of study for which you are requesting financial assistance:**

<b>Name of Qualification:</b>	
<b>Field of Study:</b>	
<b>Duration:</b>	



**SECTION D**

**Details of Parents/Guardian/Next of Kin:**

<b>Surname:</b>					
<b>First names:</b>					
<b>Identity No.:</b>					
<b>Relationship:</b>	<b>Mother:</b>		<b>Father:</b>		<b>Other, specify</b>
<b>Residential address:</b>					
<b>Postal address:</b>					
<b>Contact telephone numbers:</b>	<b>Cellular:</b>		<b>Home:</b>		
	<b>Work:</b>		<b>Alternative:</b>		
<b>Email address:</b>					

**DECLARATION:**

I, \_\_\_\_\_ (Name and Surname) IN MY CAPACITY AS THE APPLICANT/PARENT/GUARDIAN, DECLARE THAT

THE ABOVE PARTICULARS ARE COMPLETE AND CORRECT.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

\_\_\_\_\_  
DATE

\_\_\_\_\_  
WITNESS

\_\_\_\_\_  
DATE