



FORM

– STUDENT BURSARY PROGRAMME

1. APPLICANT INFORMATION

NAME AND SURNAME:	
STUDENT NUMBER:	
ID NUMBER:	
NAME OF INSTITUTION:	
FACULTY	
FIELD OF STUDY	

2. SUPPORTING DOCUMENTS CHECKLIST

	Ple as e Tic k
Please attach certified ID copies of Parent/ Legal Guardian and Student	
Parent/ Legal Guardian ID	
Student ID	
Student CV	
Proof of Registration	
Fee Statement	
Previous Academic Transcript	



3. DETAILS OF BURSARY

COSTS	AMOUNT	REMARKS
FEES STATEMENT		
PRESCRIBED BOOKS		
STATIONARY LIST		
PROOF OF ACCOMMODATION COST (IF APPLICABLE)		
TOTAL	R	

APPLICANT			
NAME AND SURNAME:			
SIGNATURE:		DATE:	

WITNESSES			
SIGNATURE:		SIGNATURE:	

4. INTERNAL APPROVAL

TRAINING MANAGER : HUMAN RESOURCES		PAYROLL
NAME AND SURNAME		
SIGNATURE		
DATE		