

2024 SIOC-CDT BURSARY APPLICATION FORM

Dear applicant

- Please **READ** the instructions before filling in the application form
- Only short-listed candidates will be contacted for an interview
- Application Closing date – **20 December 2023 at 12h00 (midday)**

Application methods:

1. Online via: <https://duxpd.co.za/sioc-cdt-2024-online-bursary-application-form/> (recommended)
2. Manual application: It will be the applicant's responsibility to ensure delivery and receipt of the application which must reach SIOC-CDT on or before the closing date and time:
 - hand delivery to one of the below offices:

SIOC-CDT OFFICE PARK CORNER HENDRICK VAN ECK AND IAN FLEMMING ROAD KATHU 8446	THABAZIMBI HUB 11 JOURDAN STREET, MOLLIES BUILDING THABAZIMBI 0380
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INSTRUCTIONS FOR THE COMPLETION OF THE APPLICATION:

SIOC-CDT will only consider your application if you have taken care to complete this application legibly and in full, ensuring that all required documents have been attached.

1. Requirements – (mark yes or no)

I declare that I meet the following criteria set by SIOC-CDT	yes	no
- I am a South African Citizen		
- I am not older than 35 years of age (as at 20 December 2023)		
- I have an average pass mark of 65% or above (based on my latest academic results)		
- My household income is less than R600 000. (This must include both parents if they are working)		
- I am living with a disability (if applicable)		
- I will be studying:		
• Full Time		
• Part Time		
- I live in / or come from one of the following areas:		
• Gasegonyana		
• Joe Morolong		
• Gamagara		
• Tsantsabane		
• Thabazimbi		
• Other		
- I have proof of acceptance/or provisional acceptance at a public recognised institution of higher learning. If you do not have this then proof of application.		

2. Personal Details (Applicant)

Your names and surname need to be exactly the same as your ID document!

Title: (Mr, Mrs, Miss): _____ Initials: _____

First Names in full: _____

Surname: _____

Identity number: _____

Date of birth: (DD/MM/YEAR) _____

The town you were born in: _____ Home Language: _____

Gender:	Female	Male				
Race:	African	Indian	Coloured	White	Asian	Other

Address:

Physical Address		Postal Address	
Postal code		Postal code	
Province		Province	

Contact details

Applicant cell number	Area code		Number	
WhatsApp number			Alternate cell number	
Email address				
Emergency contact	Name		Number	
Marital status	Single		Married	

Other:

Do you have any form of chronic illness or physical handicap?	Yes		No	
If yes, provide details				
Have you been convicted of any crime?	Yes		No	
If yes, provide details				

3. Personal details (Parent / Guardian)

Please tick what is applicable: I have –

One parent/guardian	Two parents/guardians	No parent/guardian
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Please complete parent/guardian detail if you ticked one or two above

Parent / Guardian 1

Title (MR, MRS, MS, DR,)				Identity number				
Initials				Nature of relationship				
First names in full								
Surname								
Occupation (tick which one applies)	Employed	Unemployed		Self-employed		Retired / Pensioner		
Nature of work				Place of work				
Contact telephone number	Area code			Number				
Work telephone number	Area code			Number				
Cell number								
E-Mail address								
Highest qualification obtained	Grade 11 and lower	Grade 12 (matric)	Higher certificate	Diploma	Degree	Post graduate	Trade	Other

Parent / Guardian 2 (if applicable)

Title (MR, MRS, MS, DR,)				Identity number				
Initials				Nature of relationship				
First names in full								
Surname								
Occupation (tick which one applies)	Employed	Unemployed		Self-employed		Retired / Pensioner		
Nature of work				Place of work				
Contact telephone number	Area code			Number				
Work telephone number	Area code			Number				
Cell number								
E-Mail address								
Highest qualification obtained	Grade 11 and lower	Grade 12 (matric)	Higher certificate	Diploma	Degree	Post graduate	Trade	Other

4. University / TVET college & field of study accepted for?

Please tick what is applicable

I am/ will be studying

- Full time
- Part time

Option 1

Institution				
Field of study / Course name				
Student number				
Year of study - tick which one applies	1 st year	1 st year extended	2 nd to 6 th year	Post Grad (Honours, Masters, PHD)

Option 2

Institution				
Field of study / Course name				
Student number				
Year of study - tick which one applies	1 st year	1 st year extended	2 nd to 6 th year	Post Grad (Honours, Masters, PHD)

5. School where you have completed/ are completing your NSC?

School name	
School Address	
School telephone number	
Local municipality	

Academics: Please attach your most recent academic results:

Please tick –

- Grade 12 June results / report card	
- Grade 12 prelim - term 3 results / report card	
- University first semester results	
- Final Results (NSC if matriculated before 2023 or final tertiary academic results)	

Please list your subject / modules with results:

Subject / Module	Percentage obtained

6. How did you hear about SIOC-CDT community development trust?

SIOC-CDT Advertisement	
Family / Friend	
School / Teacher	
Internet www.zabursaries.co.za	
SIOC-CDT website	
SIOC-CDT community programme	
Dux Website	
None of the above	

I am part of the SIOC-CDT: Please tick which one applies

Programme name	Yes I participated in this programme:
SchiMathUS	
Access for Success	
None of the above	

7. Attach the following supporting documents? *compulsory

NOTE: Your application will be rejected if any required document is missing.

All certified documents must not be older than 3 months

* A certified copy of your South African ID (Not older than 3 months)	
* A certified copy of your latest academic results (Grade 12 June results OR Grade 12 Prelim – term 3 results, University 1 st semester results OR Final results	
* A certified copy of your final NSC result if completed before 2023	
* Proof of acceptance or provisional acceptance at a publicly recognised institution of higher learning OR proof of application	
* Recent proof of residence (not older than 3 months)	
* Proof of income of Parent(s) or guardian (most recent payslip) or certified declaration of unemployment listed in the application (not older than 3 months) OR affidavit confirming you do not have parents/guardians.	
* Medical note of type of disability (if applicable)	

Example of proof of residence: A copy of a utility bill in your own or parents/guardian's name reflecting your physical address e.g. rates and taxes or water and electricity account, letter from landlord or affidavit from you local counsellor.

8. Declaration

I declare that the information supplied in this application form is to the best of my knowledge true and correct. I understand that any false information will automatically disqualify me from obtaining any funding and could further lead to me being charged in a Court of Law for fraudulently receiving funding.

Signature: _____ Place: _____

Date: _____