***CEF SOC LTD BURSARY APPLICATION FORM 2024***

**Dear Applicant**

Thank you for your interest in the CEF SOC Ltd Bursary Programme for the 2024 Academic Year. Please complete this Application Form and submit the completed form within the prescribed timelines. For your application to be considered, please ensure that you comply with all requirements and attach supporting documents.

***Please tick*** *✓* ***or*** *🗶* ***cross where applicable***

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| **SECTION A: PERSONAL INFORMATION OF APPLICANT** |
| **Surname** |  |
| **First Names** |   |
| **Date of Birth** | Day  |   | Month  |   | Year  |   |
| **Identity Number** |   |
| **Race** | African  | Coloured  | Indian  | White  | Other  |
| **Gender**  | Female  |   | Male  |   |
| **Disability** | No  | Yes | If Yes, please describe your disability: |

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| **SECTION B: DETAILS OF PROPOSED STUDIES** |
| **Name of Qualification** |  |
| **Name of Institution** |  |
| **Year of Study** |  |
| **Qualification Start Date** |  |
| **Type of Study: e.g. Full/ Part Time** |  |

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| **SECTION C: LATEST ACADEMIC RESULTS** |
| **Current Institution** | University | College  | TVET | Other  |
| **Name of Institution** |  |
| **Previous Academic Results** | Subjects/ Modules/ Courses *(attach Academic Transcript****)*** | Results % |
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| **SECION D: RESIDENTIAL ADDRESS** |
| **Residential Address: (Home Residential Details):** |  |
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| **Postal Address (If Different from Residential Address)** |  |
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| **SECTION E: CONTACT DETAILS** |
| **Cell Phone Number** |  |
| **Alternate number** |  |
| **Landline Number** |  |
| **Email address** |  |
| **Alternate contact Person Number** |  |
| **Alternate Person Email Address** |  |

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| **SECTION F: PARENTS INFORMATION/ LEGAL GUARDIAN** |
| **Name and Surname of Mother** |  | **ID Number** |  |
| **Name and Surname of Father** |  | **ID Number** |  |
| **Name and Surname of Legal Guardian** |  | **ID Number** |  |
| **Currently Employed** | **YES** | **NO** |
| **Occupation** |  |
| **Company name** |  |
| **Total Household Income *(attach proof)*** |  |

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| **SECTION G: THE APPLICANT/ PARENT/ LEGAL GUARDIAN ACKNOWLEDGE AND DECLARE THAT THEY HAVE TAKEN DUE COGNISANCE OF THE CONTENT OF INDICATED IN THIS FORM AND DECLARE THAT ALL INFORMATION PROVIDED IS ACCURATE AND TRUE.** |
| **Applicant Signature** |  | **Date** |
| **Place** |  |
| **Parent/ Legal** **Guardian Signature**  |  | **Date** |
| **Place** |  |  |

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| **SECTION H: WITNESSES SIGNATURES** |
| **WITNESS 1-:**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Place:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **WITNESS 2-:**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Place:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **BURSARY APPLICATION FORM CHECKLIST** |
| ***Required Document*** | ***Tick*** | ***Required Document*** | ***Tick*** |
| 1. Copy of Completed Application Form
 |  | Copy of Parents/Legal Guardian Certified ID’s |  |
| 1. Copy of Grade 12 Results if enrolled for 1st year
 |  | Proof of Financial Status (Payslip or social grants slips or Affidavit of Parent/Legal Guardian if there is no family income) |  |
| 1. Full academic Record
 |  | Proof of residential address  |  |
| 1. Proof of Registration
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| 1. Copy of Applicants Certified ID
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