



# ERIKA THERON BURSARY APPLICATION FORM

**CLOSING DATE: 26th April 2024**

Information provided will be handled in strict confidence. Please complete as fully as possible.

For additional requirements of applications, please also see the summary of GENERAL INFORMATION.

## 1. PERSONAL INFORMATION

Surname:.....

Maiden Name:.....

First name/s:.....

Student No: .....

Home address:.....

.....

.....

.....

Work address:.....

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.....

.....

## 2. CONTACT DETAILS

Work telephone number:.....

Home telephone number:.....

Cellular telephone number:.....

Email address:.....

Fax number:.....

**3. ACADEMIC INFORMATION**

Student number:.....

Name and surname of supervisor: .....

Degree you are registering for in 2024.....

Will you be registered full or part time in  
2024.....

Qualifications: (including where and when  
obtained).....

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**4. WORK EXPERIENCE (PLACE AND DATES)**

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**5. FINANCIAL INFORMATION**

Have you received an Erika Theron scholarship previously? Please list the  
year/s and the amount/s

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Please describe your financial need briefly.....

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.....

(if necessary, give more details in a covering letter or provide an itemized budget)

Total sum applied for:.....

Specify items (e.g. tuition, accommodation, traveling)

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**6. OTHER FINANCIAL ASSISTANCE**

1. Have you applied for other financial assistance. If yes, please specify

.....  
.....

**7. ACADEMIC REFERENCE** (please submit at least one reference letter from your employer, etc)

1. Name:.....

2. Work address and telephone  
no.....  
.....

**STUDENTS WHO WERE REGISTERED 2023 MUST PLEASE  
SUBMIT A PROGRESS REPORT FROM THEIR  
SUPERVISORS. PLEASE ALSO ATTACH A SHORT  
WORKPLAN FOR 2024.**

**8. DECLARATION BY APPLICANT**

I.....hereby declare that the information stated in this application is true to the best of my knowledge. I have submitted this information knowing that if I willfully state in it anything which I know to be false or which I do not believe it to be true, I may be declared ineligible for all financial aid, and / or disciplinary action / legal action may be taken against me by the University. I further undertake to inform the Financial Aid Office timeously of any change in my financial circumstances. I acknowledge that should I fail to do so and continue to receive financial aid for which I would not be entitled to by reason of my changed circumstances, the university may have recourse against me in any ways set out above.

**SIGNATURE OF APPLICANT:**.....

**WITNESS NO. 1:**.....

**WITNESS NO. 2:**.....

**PLACE:** ..... **DATE**.....

**9. CHECK LIST**

- Certified copy of Identity Document
- Certified copy of transcript
- Certified copy of Degree
- Reference letter from employer
- Progress report (where applicable)
- Work Plan for the year
- Letter of financial need/expenses (optional)