

SAFRIPOL COMMUNITY BURSARY APPLICATION FORM

Safripol is committed to comply with the regulations as set out in the Protection of Personal Information Act 4 of 2013. In disclosing your personal details as well as that of your dependent, you hereby acknowledge and agree that you have read and understood the content of the Safripol Protection of Personal Information Policy. You furthermore consent to the lawful collection, use, disclosure and storing of this information by the Company for the application of community bursaries only.

A) PERSONAL DETAILS:

APPLICANTS DETAILS:

| | |
|---|-------------|
| 1. Surname: | Mr/Mrs/Miss |
| 2. First names (in full): | |
| 3. Date of birth: | |
| 4. Residential address: <i>(please attach proof of residence)</i> | |
| 5. Postal address: | |

PARENT/GUARDIAN DETAILS:

| | |
|---|-----------------|
| 6. Dr/Mr/Mrs/Miss: <small>(Full names and surname of parent or guardian)</small> | 7. ID No: |
| 8. Relationship with Student: | |
| 9. Address of parent/guardian: | 10. Contact no: |
| 11. Employer: | |
| 12. Date employed: | |
| 13. Are you in possession of another bursary/study loan? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| a) Yes, state name of institution that granted bursary/study loan and the obligation: | |
| b) Bursary amount: | |

COMPLETE ONLY B.1 OR B.2

B1) QUALIFICATIONS:

| | |
|---|---|
| 1. Matriculation or equivalent examination: | CAO no. (if applicable): |
| a) Name of School: | b) Grade 12 Final examination written / to be written during 20 |
| c) Town / City | d) Province: |
| e) Subjects studied and symbols obtained in most recent examination Trials Results: | |

Applicant should enclose a certified copy of the most recent official matriculation results.

B2) University and other training:**Student Number:**

a) Degrees / Courses already obtained / passed:

b) At present entered for the _____ degree / course at:

c) Total duration of course _____ semesters/years

b) Present year of study and subjects:

e) When did you commence post matriculation studies?

f) Have you failed any year of study?

g) If so, which year of study and when?

Attach a certified copy of your complete, OFFICIAL Academic Transcript furnishing the annual records / symbols / percentages obtained in ALL university examinations already written.

C) COURSE OF STUDY

1. Degree / course you intend sitting for and major subjects:

2. Is Grade 12 a prerequisite for the course you intend following? Yes No

3. Are you enrolling for full time or part time study?

4. If part time, state annual income:

5. At which institution do you intend studying?

6. Year in which study commences: _____ Duration of courses : _____ years

D) DECLARATION

I / we declare that the above particulars are complete and correct:

SIGNATURE OF APPLICANT_____
DATE_____
SIGNATURE OF PARENT / GUARDIAN_____
DATE**FOR OFFICE USE ONLY** Approved Not Approved_____
Bursary Committee/HR_____
DATE

SUPPORTING DOCUMENTS

REQUIRED DOCUMENT CHECKLIST:

| Current Matric <input type="checkbox"/> If you are entering your first tertiary academic year, please furnish the following documents. Please tick the boxes under "Applicant Check" to indicate which documents are attached | Continuing Student <input type="checkbox"/> If you have completed at least 1 year of tertiary study and you have promoted to your next academic year, please furnish the following documents. Please tick the boxes under "Applicant Check" to indicate which documents are attached. | | | | |
|--|--|--------------------------|---|--------------------------|--------------------------|
| Document | Applicant Check | Office Check | Document | Applicant Check | Office Check |
| Certified copy of applicant ID | <input type="checkbox"/> | <input type="checkbox"/> | Certified copy of applicant ID | <input type="checkbox"/> | <input type="checkbox"/> |
| Affidavit of Declaration of Dependency to Parent / Guardian | <input type="checkbox"/> | <input type="checkbox"/> | Affidavit of Declaration of Dependency | <input type="checkbox"/> | <input type="checkbox"/> |
| Certified copy of Grade 11 report | <input type="checkbox"/> | <input type="checkbox"/> | Certified copy of Matric Certificate | <input type="checkbox"/> | <input type="checkbox"/> |
| Certified copy of latest Grade 12 report* | <input type="checkbox"/> | <input type="checkbox"/> | Certified copy of academic transcript | <input type="checkbox"/> | <input type="checkbox"/> |
| Acceptance letter from preferred tertiary education institution | <input type="checkbox"/> | <input type="checkbox"/> | Updated fee statement | <input type="checkbox"/> | <input type="checkbox"/> |
| Proof of income of Parent / Guardian / Proof of SASSA | <input type="checkbox"/> | <input type="checkbox"/> | Proof of Enrolment for 2024 academic year | <input type="checkbox"/> | <input type="checkbox"/> |
| Testimonial from Current High School | <input type="checkbox"/> | <input type="checkbox"/> | Motivation Letter | <input type="checkbox"/> | <input type="checkbox"/> |
| Proof of residence | <input type="checkbox"/> | <input type="checkbox"/> | Proof of residence | <input type="checkbox"/> | <input type="checkbox"/> |
| *Your final matric results should be forwarded to SAFRIPOL as soon as it is available | | | | | |

SIGNED at _____ this _____ day of _____ 20_____

AS WITNESS:

BURSARY APPLICANT

AS WITNESS:

Assisted by PARENT / GUARDIAN / TRUSTEE

Completed application and required documents to be e-mailed to bursary@safripol.com before 30 November 2023