

**AIDC-EC AUTOMOTIVE ENGINEERING CHAIR 2025
POSTGRADUATE BURSARY APPLICATION FORM**

1. PERSONAL PARTICULARS						
Surname						
First Names						
Initials						
Residential address						
Province						
City						
Municipality						
Geographic Location	Please tick (✓) or cross (×) relevant option					
	Urban			Rural		
Do you have any disabilities?						
If yes, please specify the type of disability						
Cell Number						
Email Address						
Specify Language	Please tick (✓) or cross (×) relevant option					
	Speak		Read		Write	
	Speak		Read		Write	
	Speak		Read		Write	
	Speak		Read		Write	
Identification Number						

Please tick (✓) or cross (x) relevant option										
Title	Mr.		Mrs.		Ms.		Dr.		Prof.	
Gender	Female				Male					
Race	African		Colored		Indian		White			
		Please tick (✓) or cross (x) relevant option								
Year of Study	First Year of Study			Continuation of Studies						
Full Name and Surname of Parent if the applicant is a minor under the age of 18 years.										

4.	LOANS, GRANTS, BURSARIES	
Are you in receipt of a grant, loan, bursary, or any other financial assistance for study purposes?		.
If yes, please specify the type of funding.		
NAME OF AWARD		AMOUNT (R)
Have you applied for any other loan, grant, or bursary?		.
If yes, please specify the type of loan, grant, or bursary applied?		

5.	ATTACHMENTS CHECKLIST TO THIS APPLICATION	
Certified (certification not less than three months) Identification Card or Green Bar-Coded Identification Document (preferably color, both sides; face, letters, and number need to be clear).		.
Academic Record obtained from Student Records		.
Certified copy of all qualifications (certification not less than three months)		
Proof of registration obtained from Student Records		.
Proposed title of treatise/dissertation		.
Reference letter from prospective study leader(s)/supervisor(s)		

6.	DECLARATION
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Are you aware that this application will not be considered unless fully completed?		.
Do you declare that the information that you have provided in this application form is, to the best of your knowledge and believe, correct, and complete?		.
Do you understand that any false or willfully suppressed information will render this application null and void?		.
Signature of Applicant		
Date		
Signature of Parent or Guardian if the applicant is a minor under the age of 21 years.		