

PERSONAL DETAILS OF APPLICANT

NAME AND SURNAME: _____

PHYSICAL ADDRESS: _____

POSTAL ADDRESS: _____ POSTAL CODE: _____

ID NUMBER:

--	--	--	--	--	--	--	--	--	--	--	--	--

CONTACT NUMBER: _____ CITIZENSHIP: _____

AGE: _____

GRADE PASSED: _____ DATE: ____/____/____
(Certified copy is needed as proof) Year Month Day

REASON FOR APPLICATION:

WILL YOUR APPLICATION PROMOTE THE EMPOWERMENT OF BLACK PEOPLE OR PREVIOUSLY DISADVANTAGED PEOPLE?

YES _____ NO: _____ PLEASE EXPLAIN YOUR ANSWER:

DO YOU UNDERTAKE TO COMPLY WITH ALL THE BURSARY CONDITIONS BY SIGNING A SERVICE LIABILITY AGREEMENT SHOULD YOUR APPLICATION BE SUCCESSFUL? _____ YES OR NO _____

NAME OF STUDY FIELD: _____

STARTING DATE: _____

DURATION OF PROGRAMME: _____

NAME OF INSTITUTION: _____

TOTAL COST OF COURSE: _____

I, _____ HEREBY DECLARE THAT THE ABOVE INFORMATION GIVEN IS A TRUE REFLECTION.

SIGNATURE:

DATE:

PERSONAL DETAILS OF PARENTS/GUARDIANS

NAME OF FATHER: _____

PHYSICAL ADDRESS: _____

POSTAL ADDRESS: _____ POSTAL CODE: _____

ID NUMBER:

--	--	--	--	--	--	--	--	--	--	--	--	--

CITIZENSHIP: _____ AGE: _____

CURRENT OCCUPATION: _____

INCOME CATEGORY: R 0.00 TO R 7000.00 PER MONTH _____

R 7001.00 TO R 10 000.00 PER MONTH _____

HIGHER THAN R 10 000.00 PER MONTH _____

NAME OF MOTHER: _____

PHYSICAL ADDRESS: _____

POSTAL ADDRESS: _____ POSTAL CODE: _____

ID NUMBER:

--	--	--	--	--	--	--	--	--	--	--	--	--

CITIZENSHIP: _____ AGE: _____

CURRENT OCCUPATION: _____

INCOME CATEGORY: R 0.00 TO R 7000.00 PER MONTH _____

R 7001.00 TO R 10 000.00 PER MONTH _____

HIGHER THAN R 10 000.00 PER MONTH _____

IF THE APPLICANT IS A MINOR, DO YOU UNDERTAKE TO COMPLY WITH THE BURSARY CONDITIONS BY SIGNING A SERVICE LIABILITY CONTRACT ON BEHALF OF THE APPLICANT IF HE/SHE SHOULD BE SUCCESSFUL?

YES _____ OR NO _____

I _____ HEREBY DECLARE THAT THE ABOVE INFORMATION IS A TRUE REFLECTION.

SIGNATURE:

DATE:

RECOMMENDATION OF HUMAN RESOURCES MANAGER

NAME OF MANAGER: _____ NAME OF BRANCH: _____

APPLICATION IS RECOMMENDED FOR A BURSARY: YES / NO

REASON FOR RECOMMENDATION / DISAPPROVAL:

SUPPORTING DOCUMENTS INCLUDED: YES / NO

APPROPRIATE ADMISSION REQUIREMENTS: YES / NO (If no, provide reasons for recommendation)

SIGNATURE OF MANAGER

DATE

SIGNATURE OF OPERATIONS MANAGER

DATE

=====

APPROVAL BY SELECTION COMMITTEE

DATE ASSESSED: ____/____/____

RESULTS OF ASSESSMENT: _____

APPLICATION ACCEPTED: YES OR NO

REASONS IF NO: _____

SIGNATURE: CHIEF EXECUTIVE OFFICER

DATE

SIGNATURE: BOARD

DATE