



PROVINCIAL TREASURY

APPLICATION FOR FULL-TIME STUDY BURSARY

HIGHER EDUCATION AND TRAINING

VERY IMPORTANT

- (i) Incomplete applications will be rejected.
- (ii) Please PRINT.
- (iii) Mark appropriate boxes with an "X".
- (iv) Applications must be accompanied by a written estimation of study costs.

1. Surname				2. First name/s					
3. Age									
4. Identity no.									
4.1. Are you a South African citizen?		Yes	No	5. Race <i>(For Employment Equity/Skills Development)</i>		African	Coloured	Indian	White
6. Postal address				7. Gender		M	F	8. Lang.	
								Afr.	Eng
								9. Are/were you in receipt of another bursary/loan?	
								No	Yes
				10. If "YES" furnish particulars					
				(a) Name of institution					
				(b) Year awarded					
11. Contact No.				Dialing code				(c) Year fulfilled	

12. UNIVERSITY AND OTHER POST-SCHOOL TRAINING									
(i) Degrees /diplomas already obtained									
(ii) Year in which qualification/s was obtained									
(iii) Name of qualification for which a bursary is required									
(a) Name of tertiary institution where studies will be undertaken									
(b) Date on which studies commenced / will commence				(c) Duration of course					
(d) State major subjects only									
(iv) If currently studying, declare the following:									
(a) Which year of study at present				(b) Minimum remaining period of course					
(c) Student number									
(d) Have you failed any year of study?		Yes	No	(e) Which year of study and when?					

12. (v) ACADEMIC RESULTS OF FINAL YEAR (Subjects/modules passed to date)		
YEAR	SUBJECTS	RESULTS

13. LIST THE SUBJECTS FOR THE DEGREE FOR YOUR FIRST, SECOND, THIRD & FOURTH YEAR

FIRST YEAR 20____	SECOND YEAR 20____	THIRD YEAR 20____	FOURTH YEAR 20____
13.1 TOTAL COSTS (OF COURSE APPLYING FOR) R_____			
1 ST YEAR R_____	2 ND YEAR R_____	3 RD YEAR R_____	4 TH YEAR R_____

14. INDICATION OF DISABILITY

Do you suffer from a disability? YES NO

If yes, state nature of disability:

15. DECLARATION

I DECLARE THAT THE ABOVE INFORMATION TO MY KNOWLEDGE IS TRUE AND CORRECT AND ACCEPT THAT IF IT WERE TO BE FOUND THAT I WITHHELD ANY INFORMATION, MY APPLICATION WILL BE CANCELLED IMMEDIATELY.

_____ _____

SIGNATURE OF APPLICANT DATE

16. ANNUAL HOUSEHOLD INCOME (TICK THE APPLICABLE BOX)	R50 000 - R75 000	<input type="checkbox"/>
	R75 000 – R100 000	<input type="checkbox"/>
	R100 000 +	<input type="checkbox"/>

17. DECLARATION BY PARENT/GUARDIAN

I DECLARE THAT THE ABOVE INFORMATION TO MY KNOWLEDGE IS TRUE AND CORRECT AND ACCEPT THAT IF IT WERE TO BE FOUND THAT I WITHHELD ANY INFORMATION, THE APPLICATION WILL BE CANCELLED IMMEDIATELY.

SIGNATURE OF PARENT /GUARDIAN

DATE

18. SUPPORTING DOCUMENTS

- 18.1 Certified copy of Identity document
- 18.2 Certified copies of academic results
- 18.3 Written motivation
- 18.4 Certified copy of parent/guardian tax income statement/salary advice
- 18.5 Copy of acceptance letter from institution

19 FOR OFFICE USE ONLY

To what extent does the intended study contribute to the Departments' mission of being a change agent

19.1 Applicability of intended field of study in line with the components' core business

- Completely
- To a greater extent
- To a lesser extent
- Not at all

19.2 The achievement of special and scarce skills in line with the Department's core objectives

- Completely
- To a greater extent
- To a lesser extent
- Not at all

20. FOR COMPLETION BY CHAIRPERSON OF BURSARY COMMITTEE

Application for Bursary

Approved

Not Approved

Remarks:

CHAIRPERSON

DATE