

## BURSARY APPLICATION FOR STUDY AT POST-SCHOOL EDUCATION AND TRAINING INSTITUTION

1. PERSONAL PARTICULARS						
Surname						
First Names						
Course of Study						
Name of Institution where Studies will be taken						
Full Title of the Qualification or Part-Qualification						
SAQA Registration ID Number				$\mathbf{M}$		
Residential address					AL	
Province						
City						
Municipality						
	Please tick (√) or cross (×) relevant option					
Geographic Location	Urban			Rural		
Do you have any disabilities?			1/1			
If yes, please specify the type of disability						
If yes, please specify the type of disability  Cell Number						
Cell Number	Ple	ase tick	a (√) or cros	ss (×) rele	vant opti	on
Cell Number  Email Address	Ple Speak	ase tick	x (√) or cros	is (×) rele	evant opti	on
Cell Number  Email Address		ase tick		ss (×) rele		on
Cell Number  Email Address	Speak	ase tick	Read	ss (×) rele	Write	on
Cell Number  Email Address	Speak Speak	ase tick	Read Read	ss (×) rele	Write	on

Document Title	Bursary Application Form to Study at Post-School Education and Training Institution					
Document Number	BUR-FM-004	Revision Date	07 June 2023			
Page Number	Page 1 of 3	*Next Revision Date:	01 April 2025			
Revision Number	Rev 07	Access:	Controlled			
Reviewed: Acting Senior Manager: Quality Assurance & Partnerships		Approved: Acting Chief Executive Officer				

Please tick ( $$ ) or cross (×) relevant option											
Title		Mr.		Mrs		Ms.		Dr		Prof	
Gender Female						Male					
					Colored		Indian			Vhite	
Race African						- 1-				viiile	
				<u> </u>	lease tick	(√) or cr	oss (×)	<u>relevant</u>	option		
	of Study		rst Year of				Contin	uation of S	Studies		
	Name and Su nor under the			tne ap	plicant is						
2.	EDUCATION	N: PART	ICULARS	OF S	ECONDA					APPLIC	ANT
2.1	NAME OF	SCHOOL					RS OF A	TTENDA			
					FR	ROM		ТО			
										U4\\	
								7		1	
2.2	SCHOOL F		('6' 1 -	-1-1-1-		1- 40		. ( )			
			ertificate (	obtain	ed at Grad	ie 12 or e	quivaier	nt ievei			
Nam	e of Certificat	e									
Month and year obtained											
		If sti	l at school	ol, atta	ch a copy	of the late	est scho	ol report	•		
	Subjects written in Grade 12 or equivalent examination. Please attach transcripts										
	NB!! PLEASE ATTACH COPIES OF ALL RESULTS										
4.	4. LOANS, GRANTS, BURSARIES										
	Are you in receipt of a grant, loan, bursary, or any other financial assistance for study purposes?										

4.	LOANS, GRANTS, BURSARIES					
	you in receipt of a grant, loan, bursary, or any other financial stance for study purposes?	-// 00				
If ye	s, please specify the type of funding.					
	NAME OF AWARD	AMOUNT (R)				
Have	Have you applied for any other loan, grant, or bursary?					
If ye	s, please specify the type of loan, grant, or bursary applied?					

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5.	ATTACHMENTS TO THIS APPLICATION			
ls a	copy of the applicant's Identification Card or Green Bar-Coded Identification Document			
(pre	ferably color, both sides; face, letters, and number need to be clear) attached?			
Is a	copy of the latest examination or test results obtained from the university/college/school/			
othe	r educational institution attached?			
Is the proof of registration that shows the date and name of the institution attached?				
Is a copy of the latest school report/equivalent and transcripts attached?				
Is there any additional information, proof of award, etc. attached?				
Are you aware that no faxed documents will be accepted for this application?				

6.	DECLARATION				
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?				
Sign	ature of Applicant				
Date					
the a	ature of Parent or Guardian if applicant is a minor under the of 21 years.				

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