



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.			
		5. Race (For Employment Equity/Skills Development)	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) List degrees/diplomas/certificates 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 subjects of the intended study course (major subjects only)	
(iv) <u>If currently studying, declare the following</u>	
(a) Which year of study at present	(b) Minimum remaining period of course
(c) Student number	
(d) Have you failed any year of study?	(e) If yes, which year of study and when?
Yes No	

(v) ACADEMIC RESULTS OF FINAL YEAR (subjects/modules passed to date)		
YEAR	SUBJECTS	RESULTS

13. COST ESTIMATION (OF COURSE APPLYING FOR)	
FIRST YEAR R _____	SECOND YEAR R _____
THIRD YEAR R _____	
13.1 TOTAL COSTS (OF COURSE APPLYING FOR) R _____	

14. INDICATION OF DISABILITY	
Do you have a disability?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, state nature of disability:	
ANNUAL HOUSEHOLD INCOME (TICK THE APPLICABLE BOX)	Less than R50 000 <input type="checkbox"/> R50 000 – R75 000 <input type="checkbox"/> R75 000 – R100 000 <input type="checkbox"/> R100 000 plus <input type="checkbox"/>

16. 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

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 (Please check if the supporting documents were added to your application)										
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19. FOR OFFICE USE ONLY																				
To what extent does the intended study contribute to the Department's mission of being a change agent																				
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20. FOR COMPLETION BY CHAIRPERSON OF BURSARY COMMITTEE			
Application for Bursary	<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved	
Remarks:			
CHAIRPERSON		DATE	