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BURSARY APPLICATION FORM

Only short listed candidates will be contacted for interviews. The Trustees decision is final.

SECTION A: PERSONAL DETAILS OF APPLICANT																							
Surname:																							
First name:																							
Date of birth:	ite of birth:																						
Place of birth:																							
ID No:	No:																						
Home language																							
Gender	ender Male Female																						
Race	African Indian Coloured White																						
Citizenship	South A	fricar	1		Otl	her																	
Residential Address																			Co	ode:			
Note: This bursary is only available to residents of Ekurhuleni. Please attach a copy of a utilities account with application.																							
Postal																							
Address																			Co	ode:			
Telephone no:															Cell	no:							
kindly note an	y disabilit	ies																					

CHECKLIST:

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SECTION B: PROPOSED STUDY FOR NEW ACADEMIC YEAR Degree applying for Institution of study Have you registered? Have you ever received another bursary or study loan? Yes No If YES, state the name of the institution that granted the bursary/study loan and the obligation **SECTION C: PARENT/GUARDIAN/NEXT OF KIN DETAILS** Surname of parent/guardian First names: ID No: Relationship: Residential Address Code: Postal Code: Address Telephone no: Cell no: **SECTION D: DECLARATION** I hereby declare that the particulars provided in this application form are complete and correct. Signature of applicant Date Date Signature of Parent/Guardian/Next of kin