

Applications must be sent to:

[SA.CorporateCitizenship@accenture.com](mailto:SA.CorporateCitizenship@accenture.com)

Tel: 011-208 4205

## Application form for an Accenture (SA) Education Trust Scholarship To undertake 2<sup>nd</sup> to 4<sup>th</sup> year/Honours of full-time study At a tertiary institution in 2019

### Important –

- Please complete this form.
- Mark appropriate blocks with an “X”.
- If a question is not applicable, put N/A.
- Failure to complete this application form fully and correctly may prejudice the applicant’s chances of obtaining a scholarship.

<b>1. Surname:</b>											
<b>2. First names:</b>									<b>3. Title (Mr/Ms):</b>		
<b>4. ID number:</b>				<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<b>5. Date of birth:</b>		
									/ / dd / mm / yyyy		
<i>A certified copy of your ID document must be attached to the completed application form.</i>											
<b>6. Your contact details:</b>											
Permanent residential address:						Postal address:					
Postal code:						Postal code:					
Cell phone number:						Email address:					
<b>7. Next of kin:</b>						Contact number:					
Name:											
<b>8. Are you a South African citizen?</b>				Yes <input type="checkbox"/>		No <input type="checkbox"/>		<b>9. Gender:</b>		Female <input type="checkbox"/>	
<b>10. Race:</b>		African <input type="checkbox"/>		Coloured <input type="checkbox"/>		Indian <input type="checkbox"/>		White <input type="checkbox"/>			
(For statistical purposes only)											
<b>11. School information:</b>											
Name of secondary school						Town			Province		
<b>12. The university at which you are currently enrolled:</b>											
University of Cape Town <input type="checkbox"/>						University of Pretoria <input type="checkbox"/>					
University of the Western Cape <input type="checkbox"/>						University of Johannesburg <input type="checkbox"/>					
Rhodes University <input type="checkbox"/>						University of the Witwatersrand <input type="checkbox"/>					
<b>13. Name of your degree course:</b>											
Computer Science <input type="checkbox"/>						Electrical Engineering (Light Current) <input type="checkbox"/>					
Informatics/ Information Systems <input type="checkbox"/>						Electronic Engineering <input type="checkbox"/>					
Information Technology <input type="checkbox"/>						Information Engineering <input type="checkbox"/>					
Computer Engineering <input type="checkbox"/>						Industrial Engineering <input type="checkbox"/>					
<b>14. Current year of study:</b>						Other – please explain:					
Foundation/General Entry Programme/Extended Curriculum/ASPECT Programme: <input type="checkbox"/>						<b>15. Student no.:</b>					
Year 1 <input type="checkbox"/>											
Year 2 <input type="checkbox"/>											
First year <input type="checkbox"/>											
Second year <input type="checkbox"/>											
Third year <input type="checkbox"/>											



