



**C**  
**HOUSEHOLD CIRCUMSTANCES**

HOUSEHOLD GROSS ANNUAL INCOME  
**(NB: Certified Documentary proof must be supplied)**

Up to R100 000	Up to R200 000	Up to R300 000	Up to R400 000	Up to R500 000	Above R500 000
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STATE NUMBER OF PERSONS DEPENDANT ON THE HOUSEHOLD ANNUAL INCOME: .....

NAME OF PERSON WHO WILL STAND AND BE BOUND AS SURETY FOR THE BURSARY:

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HIS/HER POSTAL ADDRESS: .....

POSTAL CODE: .....

TEL: Home (Code).....No: ..... TEL: WORK/ CELL No ..... (Code) No:.....

IDENTITY NUMBER..... SURETY HOLDER'S SIGNATURE.....

**NB: A certified copy of the surety's identification document must be attached.**

**D**  
**THE FOLLOWING EDUCATIONAL INFORMATION MUST BE GIVEN**

1. PERSONS CURRENTLY DOING GRADE 12 SUBJECTS LAST EXAMINATION SYMBOLS OBTAINED

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**NB:** Certified copy of official proof of results from school/ institution must be attached

2. PERSONS WHO HAVE COMPLETED GRADE 12 MUST ATTACH CERTIFIED COPY OF THE CERTIFICATE

3. POST SCHOOL QUALIFICATION

(a) SUBJECTS ALREADY PASSED

NAME OF INSTITUTION: .....

COURSE OF STUDY: .....

SUBJECTS	YEAR
_____	_____
_____	_____
_____	_____
_____	_____

**NB:** Certified copy of proof of results must be attached

(b) SUBJECTS PRESENTLY BEING STUDIED

NAME OF INSTITUTION: .....

COURSE OF STUDY: .....

SUBJECTS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NB:** Certified copy of Proof of registration and recent results must be attached

**EDUCATIONAL INFORMATION – Continued**

**(c) SUBJECTS INTENDED TO BE STUDIED NEXT YEAR**

NAME OF INSTITUTION: .....

COURSE OF STUDY: .....

**COST FOR NEXT YEAR**.....

SUBJECTS

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**E  
GENERAL**

HAVE YOU EVER RECEIVED A BURSARY? IF YES, GIVE DETAILS OF ANY OUTSTANDING BURSARY COMMITMENTS:

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WHAT WOULD YOU CONSIDER SPECIAL ACHIEVEMENTS OBTAINED TO DATE?

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LIST ALL EXTRA-MURAL ACTIVITIES INCLUDING SPORT IN WHICH YOU PARTICIPATE/COMMUNITY INVOLVEMENT:

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LIST YOUR HOBBIES:

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PLEASE INDICATE WHY YOU HAVE CHOSEN THIS COURSE OF STUDY:

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WHAT PERSONAL QUALITIES DO YOU CONSIDER NECESSARY TO BE SUCCESSFUL IN THE CAREER WHICH YOU HAVE CHOSEN?

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**F**  
**HEALTH**

DO YOU HAVE ANY HEALTH PROBLEMS WHICH MAY INTERFERE WITH YOUR CHOSEN COURSE OF STUDY AND CAREER?

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**G**  
**REFERENCES**

PLEASE GIVE THE NAMES OF TWO TEACHERS / LECTURERS / TUTORS TO WHOM YOU ARE WELL KNOWN, WHO WE MAY CONTACT.

.....  
NAME: ..... TEL: (Code)..... No: .....  
.....  
NAME: ..... TEL: (Code) ..... No: .....

I UNDERSTAND THAT ANY FALSE OR MISLEADING INFORMATION FURNISHED ON THIS BURSARY APPLICATION FORM OR IN CONNECTION WITH THIS BURSARY APPLICATION MAY RESULT IN REJECTION OF THE APPLICATION OR IF ALREADY AWARDED A BURSARY BY THE ORGANISATION IN THE WITHDRAWAL THEREOF AND RECOVERY OF ALL MONIES ALREADY PAID.

SIGNATURE: ..... DATE: .....  
  
SIGNATURE OF GUARDIAN (in case of a Minor): .....

**PLEASE NOTE**

- **All supporting documentation must be submitted**
- **No late applications will be considered**
- **Applications will not be acknowledged in writing and copies of supporting documents will not be returned**