

**BURSARY APPLICATION FORM 2016**

**Instructions:**

1. Please read the form, the policy and the conditions carefully before you submit your application for consideration.
2. Please write neatly and clearly and answer all the questions as required. **Incomplete or illegible submissions will not be considered.**
3. Be sure to obtain all signatures and addenda prior to submitting this document:
	1. A **certified copy** of your National Senior Certificate, Certificate, degree, other qualification/s, or most recent academic transcript as relevant.
	2. A **certified copy** of a valid South African identity document.
	3. A **letter of recommendation** from a person suitably qualified and able to comment on your academic ability, your commitment to your studies and so on. Letters from family members **will not be accepted**.
4. Note that applications received after the closing date/s for any reason will not be considered.
5. Completed forms and all attachments should be posted or emailed to your nearest Milpark office. You are advised to keep a copy for your own records. **Please do not submit originals of any documents.**
6. This application form consists of SEVEN pages, including this page.

|  |  |
| --- | --- |
| Cape Town: | P.O. Box 44235ClaremontCape Town7735**OR**2nd Floor Sunclare BuildingCnr Protea & Dreyer RdsClaremontCape Town7708 |
| Johannesburg | Corner Main Road East and Landau TerraceMelville Extension 2**OR**P.O. Box 91714Auckland ParkJohannesburg2007 |

**Personal Details**

|  |  |  |
| --- | --- | --- |
| 1. | Surname |  |
| 2. | First name |  |
| 3.  | Date of birth |  |
| 4.  | SA Identity number |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Milpark Student number |  |  |
| 5. | SA Citizen | Yes | No |
| 6. | Gender | Male | Female |
| 7. | Race |  |
| 8. | Are you disabled? | Yes | No |
| 9. | If yes, what is the nature of your disability? |  |
| 10. | Residential address | Postal code: |
| 11. | Postal address | Postal code: |
| 12. | Contact telephone number**PLEASE PRINT CLEARLY** |  |
| 13. | Email address**PLEASE PRINT CLEARLY** |  |

**Academic information: Applicants seeking bursaries for undergraduate programmes**

|  |  |  |  |
| --- | --- | --- | --- |
| 13. | Do you have matric? | YesAnswer question 14 | NoAnswer questions 15-18 |
| 14. | Please list your subjects below and the result achieved for each: |
|  | Subject name | Senior Certificate2008 and earlier | National Senior Certificate 2009 onwards |
|  |  | HG /SG /LG | Symbol | Symbol | Percentage |
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| 15. | Are you in Grade 12 now?\* | Yes | No |
| 16. | Name of School |  |
| 17. | Address of school | Postal code:  |
| 18. | Please list your **Grade 11 final results** and include a certified copy of these:  |
|  | Subject | Symbol | Percentage |
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\*Please note that a final decision on bursaries will **NOT** be made until NSC results are received. Only shortlisting of applicants will take place on the basis of Grade 11 results.

**Academic information: Applicants seeking bursaries for postgraduate programmes**

**PLEASE NOTE THAT BURSARY AWARDS FOR POSTGRADUATE STUDIES ARE MADE TO A LIMITED NUMBER OF CANDIDATES**

|  |  |  |
| --- | --- | --- |
| 19. | Highest qualification obtained |  |
| 20. | Degree / diploma? |  |
| 21. | Name of awarding institution |  |
| 22. | Please list the major subject/s: | Subject: | Result obtained: |
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| 23. | Please list any other subjects you think may be relevant to this application. |  |  |
|  |  |
|  |  |
|  |  |
| 24. | List any other education you have that may be of relevance to this application. |  |
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|  |
| 25. | If you have incomplete studies in your academic record, please explain the circumstances that led to this.  |  |

**Information about the programme you would like to study at Milpark Education**

|  |  |  |
| --- | --- | --- |
| 26. | For which Milpark qualification do you wish to make application? |  |
| 27. | Are you receiving any form of financial support?This includes employment, parents or spousal support, employer support, bank loans, etc.  | If yes, please explain / provide detail (value, obligations, etc.): |
| 28. | Do you live with parents / guardians? | Yes | No |
| 29. | Do you own your own home? | Yes | No |
| 30. | As a bursary does not cover the full costs of studies with Milpark, you will remain liable for the balance of the fees. Do you understand this? | Yes | No |
| 31. | How will you ensure that you are able to pay the remaining balance of the fees owing? |  |
| 32. | Please provide a motivation (maximum 1 -1.5 pages) for why, in your view, Milpark Education should award you a bursary. In what way will obtaining this qualification assist you to achieve your goals? Is there anything about you we should know in particular that is relevant to your application?  |
|  |

**Other, general information required:**

|  |  |  |
| --- | --- | --- |
| **Please ensure that you answer the following:** | **Yes** | **No** |
| Are you related to any employee of Milpark Education (past or present? For example, your cousin, sister, brother, spouse, mother-in-law, etc. |  |  |
| If you answered yes, then please indicate your family member’s name: |  |  |
| Employment dates with Milpark (if current, please state so): |  |  |
| Are you related to any employee of a company that supplies services to Milpark? For example, a printer, caterer, accounting company, etc.  |  |  |
| If you answered yes, then please indicate your family member’s name: |  |  |
| And the company’s name:  |  |  |

**Very important:**

Please note that you will not be excluded from the bursary fund on the grounds of your relationship to an employee of Milpark or one of its suppliers.

*However, if you do not declare this information in this application and this subsequently becomes known, you may lose the bursary awarded to you and face disciplinary and or criminal charges, as appropriate.*

**Letter of recommendation**

Please attach a **signed, original letter of recommendation** from a suitably qualified person (known as a referee). The person you ask should provide comment on your academic abilities, your commitment to your studies and any other information s/he thinks appropriate.

Please complete the following in respect of your referee:

|  |  |
| --- | --- |
| Name |  |
| Surname |  |
| Title |  |
| Contact details for the referee (e.g. telephone number or email address) |  |
| Briefly describe how you know your referee |  |

**Declaration**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of (address) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ declare that [insert the information contained in this application form is true and correct.

Signed: Date:

|  |
| --- |
|  |
| At: |

Witness 1: Witness 2:

|  |
| --- |
|  |
| Dated: |