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**BURSARY APPLICATION FORM 2022**

**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. Completed forms and all attachments should be emailed to [**bursaries@milpark.ac.za**](mailto:bursaries@milpark.ac.za) **no later than 26 November 2021**. You are advised to keep a copy for your own records. Late applications will not be considered.
5. This application form consists of NINE pages, including this page.

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| --- | --- |
| Cape Town: | P.O. Box 44235 Claremont Cape Town 7735  **OR**  2nd Floor Sunclare Building Cnr Protea & Dreyer Rds Claremont Cape Town 7708 |
| Johannesburg | P.O. Box 72413  Parkview  2122  **OR**  Corner Main Road East and Landau Terrace Melville Extension 2 |

**Personal Details**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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? **Please submit formal evidence in this regard.** |  | | | | | | | | | | | | | |
| 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**

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| --- | --- | --- | --- | --- | --- |
| 13. | Do you have matric? | Yes  Answer question 14 | | No  Answer questions 15-18 | |
| 14. | Please list your subjects below and the result achieved for each: | | | | |
|  | Subject name | Senior Certificate  2008 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 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 BURSARIES FOR POSTGRADUATE STUDIES ARE MADE TO A LIMITED NUMBER OF CANDIDATES**

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| --- | --- | --- | --- |
| 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. |  |  |
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| 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**

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| --- | --- | --- | --- |
| 26. | For which Milpark qualification do you wish to make application? |  | |
|  | For which mode do you wish to register?  Contact Learning CL  Contact Learning Part-Time CL-PT Distance Learning Online DLO  Distance Learning DL |  | |
| 27. | For which modules do you intend to register in Semester 1 2022 and Semester 2 2022. Please provide the module names and codes. **You are required to attach an approved CRM quote from Milpark stating the modules and module costs for both semesters of 2022. Your application will not be considered without this.** |  | |
| 28. | 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.): | |
| 29. | Do you live with parents / guardians? | Yes | No |
| 30. | Do you own your own home? | Yes | No |
| 31. | Are you currently employed in any capacity? | Yes | No |
| 32. | If yes to question 30, please explain the nature of your employment (name of employer, your job title and current monthly earnings). Please attach proof thereof e.g. payslip. |  | |
| 33. | As Milpark’s 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 |
| 34. | How will you ensure that you are able to pay the remaining balance of the fees owing? |  | |
| 35. | 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? | | |
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**Other, general information required:**

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| --- | --- | --- |
| **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 applying for a bursary 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 the information contained in this application form is true and correct.

Signed: Date:

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| --- |
|  |
| At: |

Witness 1: Witness 2:

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|  |
| Dated: |