

SOUTH AFRICAN ACTUARIES DEVELOPMENT PROGRAMME

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BURSARY APPLICATION FORM

CLOSING DATE: 31 AUGUST

PERSONAL DETAILS

Please attach a recent passport size photograph here

I ENGONAL DE I	AILO							
Title			Surname					
First Names								
Correspondence A	Address							
Postal Code			Province					
Contact Numbers								
Telephone	Area Code			Number				
Fax	Area Code			Number				
Cell Phone								
Date of Birth			S.A. Ider	ntity Number				
Gender			National	ity				
Race (X)		Black		Indian	Coloure	ed	White	
Email address:				·	<u> </u>			
\\/\begin{align*} \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		amala.c						
Who can we telep	none to contact yo	u urgently?						_
Name								
Telephone	Area Code			Nu	mber			
Cell Phone								
Home Language					Other Language(s	;)		
Which University	are vou intendin	alproposina	n to attend at	2				
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PLEASE ATTACH THE FOLLOWING TO YOUR APPLICTION FORM:

- ♦ Recently certified Grade 11 final report & Grade 12 June report
- If already at University; your academic transcript
- ♦ Recently certified South African ID copy

NEXT OF KIN

Full Name				
Relationship: e.g. Mother, Father, Guardian				
Telephone	Home	Area Code	Number	
	Work	Area Code	Number	
	Cell Phone			

ACADEMIC ACHIEVEMENTS

Last school attended							
Address of school							
				Postal code			
Telephone	Area Code		Numbe	er			
What is/was your position in your Grade 11 and 12 classes?		2 classes?	Grade '	11	Gra	ade 12	·

LIST YOUR GRADE 11 & 12 SUBJECTS, THE EXAM % AND CLASS AVERAGES

SUBJECTS	Grad	de 11	Grade 12		
SUBJECTS	Year-end %	Class Average	June %	Class average	
1					
2					
3					
4					
5					
6					
7					
8					

WHAT DO YOU BELIEVE ARE YOUR STRENGTHS AND WEAKNESSES?

STRENGTHS	WEAKNESSES

WRITE A PARAGRAPH ABOUT YOURSELF INCLUDING YOUR:

Academic achievements

•	Overall involvement in your community

YOUR FAMILY: Fill in the information about your family

		Standard of	Occupation	Employer
lame	Relationship	Education	Occupation	Lilibioligi
ESCRIBE 5 OR MORE C	LEAR REASONS WHY YOU WA	NT TO BE AN ACTUARY		
Signature of			Doto	
Signature of Applicant			Date	
Applicant			Date	
Signature of Applicant FOR OFFICE USE ONLY			Date	
Applicant			Date	
Applicant FOR OFFICE USE ONLY			Date	