



THE SOUTH AFRICAN MEDICAL ASSOCIATION

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Reg No 1927/000136/08: NPC

THE SOUTH AFRICAN MEDICAL ASSOCIATION - 2019

P O Box 74789
Lynnwood Ridge
0040

Date _____

APPLICATION FOR A BURSARY – 2nd & 3rd Year Students

1. FAMILY NAME (SURNAME) _____

2. FIRST NAMES _____

3. ADDRESS _____

_____ POSTAL CODE _____

TEL _____ CELL _____

4. ACADEMIC YEAR AND ACADEMIC INSTITUTE

6. EXTRA-MURAL ACTIVITIES/LEADERSHIP:

6.1 Academic _____

6.2 Social _____

6.3 Sport _____

6.4 Other _____

7. FINANCIAL CIRCUMSTANCES * Please provide proof of income

| | EMPLOYER | OCCUPATION | INCOME* Per Month / per Year |
|-------------------|----------|------------|---------------------------------|
| SELF | | | |
| FATHER / GUARDIAN | | | |
| MOTHER | | | |



Financial circumstances : _____

8. REASONS FOR WISHING TO BECOME A DOCTOR :

9. NAME AND ADDRESSES OF TWO REFEREES FROM THE UNIVERSITY OR ANY OTHER SOURCE WHERE YOU HAVE DONE VOLUNTARY WORK OR ASSISTED IN ANY MANNER

1. _____ 2. _____

Telephone _____ Cell _____

10. ENCLOSURES* (Tick the appropriate spaces)

- Latest examination results
- Two written testimonials
- Proof of Income by parent(s) or applicant
- South African Identity Document
- Other (specify) _____

11. DECLARATION

I hereby declare that the above information is true and correct. I understand that any false information will render this application ineligible for consideration.

SIGNATURE OF APPLICANT

SIGNATURE OF PARENT/GUARDIAN

DATE _____

(*Please send photocopies only and not original documents)



BURSARY RECIPIENT - QUESTIONNAIRE A

NAME: _____

DATE: _____

A ACCOMPLISHMENTS

1. What would you say were some of your most important accomplishments during the past year?

2. What are some of the reasons for your successes?

3. Were there specific difficulties you had to overcome achieving the above successes?

4. What kind of supervision do you need in order to perform?

5. What has been the heaviest pressure situation you have faced in the recent year?



6. **What has been the most important criticism you have received over the past year?**

B FUTURE CAREER

1. **At what age did you decide to choose medicine as a career?**

2. **Why do you believe you will be a good doctor?**

3. **What other careers have you given consideration to?**

4. **Are you planning to be a GP or do you plan to specialize?**

5. **What are the major challenges facing doctors in South Africa?**
