

2022 COHORT BURSARY SCHEME APPLICATION FORM

Dear applicant

Read the instructions carefully before filling in the application form

The completed Application Form must be returned to SIOC Community Development Trust before the 31st January 2022. It will be the applicant's responsibility to ensure delivery and receipt of application which must reach SIOC-CDT in either of the following methods:

POST	MR INNOCENT MAKOTI P.O. BOX 30632 KATHU 8446
EMAIL (as pdf format)	bursary@sioc-cdt.co.za
HAND DELIVERY	SIOC-CDT OFFICE PARK CORNER HENDRICK VAN ECK AND IAN FLEMMING ROAD KATHU 8446 <u>OR</u> THABAZIMBI HUB 11 JOURDAN STREET, MOLLIES BUILDING THABAZIMBI 0380

INSTRUCTIONS FOR THE SUBMISSION OF APPLICATION FORMS.

SIOC-cdt will only consider your application if you have taken care to complete this form legibly and in full ensuring that all required documents have been attached.

1. Requirements (MARK WITH A OR **X**)

- SA Citizen ()
- Younger than 35 years old ()
- Average pass mark of 65% (based on latest academic results) ()
- In financial need based on total household income ()
- People living with a disability will get preference ()
- From beneficiary area:
 - Gasegonyana
 - Joe Morolong
 - Gamagara
 - Tsantsabane
 - Thabazimbi

2022 COHORT BURSARY SCHEME APPLICATION FORM

2. ATTACH THE FOLLOWING SUPPORTING DOCUMENTS? (MARK WITH A OR)

- A certified copy of your September (Grade 12 learners) matric results ()
- A certified copy of your final NSC results (learners who completed NSC) ()
- Proof of acceptance at a public recognised institution of higher learning ()
- A one-page cover letter to motivate your case ()
- A certified copy of your South African ID ()
- Recent proof of residence ()
- Proof of income of parent(s) or guardian ()
- Medical note of type of disability (where applicable) ()

3. PERSONAL DETAILS

TITLE (MR, MRS, MS)		IDENTITY NUMBER				
INITIALS		RACE		MALE		FEMALE
SURNAME						
FIRST NAMES IN FULL						
DATE OF BIRTH (d:m:y)			AGE AT 31/12/2020			
POSTAL ADDRESS			PHYSICAL ADDRESS			
POSTAL CODE			POSTAL CODE			
PROVINCE			PROVINCE			
HOME TELEPHONE NUMBER	AREA CODE		NUMBER			
APPLICANT CELL NUMBER			ALTERNATIVE CELL NUMBER			
E-MAIL ADDRESS						
EMERGENCY CONTACT	NAME			NUMBER		

PLACE OF BIRTH						
SA CITIZEN	Yes () OR No ()					
MARITAL STATUS	Single () Married ()					
DO YOU SUFFER FROM ANY CHRONIC ILL NESS OR PHYSICAL HANDICAP? YES () NO ()						
If YES please give details						

2022 COHORT BURSARY SCHEME APPLICATION FORM

HAVE YOU BEEN CONVICTED OF ANY CRIME? YES () NO ()	
If YES please give details	

TITLE (MR, MRS, MS, DR, etc.)		IDENTITY NUMBER		
INITIALS		NATURE OF RELATIONSHIP		
SURNAME				
FIRST NAMES IN FULL				
OCCUPATION				
PLACE OF WORK				
HOME TELEPHONE NUMBER	AREA CODE		NUMBER	
WORK TELEPHONE NUMBER	AREA CODE		NUMBER	
FAX NUMBER	AREA CODE		NUMBER	
CELL NUMBER			E-MAIL ADDRESS	

4. UNIVERSITY / TVET COLLEGE & FIELD OF STUDY ACCEPTED FOR?

INSTITUTION	
FIELD OF STUDY	
STUDENT NUMBER	
YEAR OF STUDY (E.g. 1st, 2nd, S1/S2)	

5. SCHOOL WHERE YOU COMPLETED NSC?

SCHOOL NAME	
SCHOOL ADDRESS	
SCHOOL TELEPHONE NO.	
LOCAL MUNICIPALITY	



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1 How did you hear about the SIOC-cdt bursary?

SIOC-cdt Advertisement () Family / friends () School / Teacher () Internet () SIOC-cdt Website ()

6. DECLARATION

I declare that the information supplied in this application form is to the best of my knowledge true and correct. I understand that any false information will automatically disqualify me from obtaining any funding and could further lead to me being charged in a Court of Law for fraudulently receiving funding.

SIGNATURE _____ **PLACE** _____ **DATE** _____