

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 14th December 2018. 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	innocentm@sioc-cdt.co.za
HAND DELIVERY	SIOC-CDT OFFICE PARK CORNER HENDRICK VAN ECK AND IAN FLEMMING ROAD KATHU 8446 <u>OR</u> GT-CDT OFFICE PARK 11 JOURDAN STREET 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, in full ensuring that all required documents have been attached.

1. HAVE YOU ATTACHED THE FOLLOWING DOCUMENTS? (MARK WITH A ✓ OR X)

- A certified copy of your June (current year) matric results ()
- 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 ()

2. DO YOU MEET THE FOLLOWING SELECTION CRITERIA? (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 ()
- Living with a disability ()

3. WHICH FIELD OF STUDY DO YOU INTEND TO PURSUE? (MARK WITH A ✓ OR X)

- Health ()
- Education ()
- Tourism ()
- Law ()
- Agriculture ()
- Engineering Science ()
- Commerce ()

4. UNIVERSITY / COLLEGE / UNIVERISTY OF TECHNOLOGY DETAILS

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

5. DEGREE DETAILS – PROPOSED COURSE

DEGREE (E.g. BSc, BCom, NDip, BTech)	
MODULES (E.g. Business Maths, Business Statistics, Business Communication)	

6. WHERE DID YOU STUDY FOR YOUR MATRIC?

SCHOOL NAME	
SCHOOL ADDRESS	
SCHOOL TELEPHONE NO.	
LOCAL MUNICIPALITY	

7. PERSONAL DETAILS

TITLE (MR, MRS, MS)		IDENTITY NUMBER				
INITIALS		RACE		MALE		FEMALE
SURNAME						
FIRST NAMES IN FULL						

2019 COHORT BURSARY SCHEME APPLICATION FORM

DATE OF BIRTH (d:m:y)				AGE AT 31/12/2018	
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 (<input type="checkbox"/>) OR No (<input type="checkbox"/>)		
MARITAL STATUS	Single (<input type="checkbox"/>) Married (<input type="checkbox"/>)		
DO YOU SUFFER FROM ANY CHRONIC ILL NESS OR PHYSICAL HANDICAP? YES (<input type="checkbox"/>) NO (<input type="checkbox"/>)			
If YES please give details			
HAVE YOU BEEN CONVICTED OF ANY CRIME? YES (<input type="checkbox"/>) NO (<input type="checkbox"/>)			
If YES please give details			

8. PARENT / GUARDIAN 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	

Achievements

Give details of any community/social activities at school or in the community that you have actively participated in, and the role you have played: i.e. Leadership, sport, cultural, etc.

SCHOOL / COMMUNITY / ACADEMIC / SPORT / CULTURAL

Give details of any activity (academic or otherwise) in which you have done well at school or for which you received awards:

Work Experience

1 Have you had a part/full-time job before? () YES () NO If yes, please describe what you did and where you worked:

- 2 Write a brief statement setting out clearly why you have chosen this qualification and how you intend to use it after graduation:

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

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

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** _____