

ATHLONE INSTITUTE BURSARY PROJECT FUND

<AIBPROF>

BURSARY APPLICATION FORM

045-198 NPO

Mail the completed application form with supporting documents to: The Secretary, PO Box 846, Huguenot, 7645 NB. Please mark your answer with an "X" where applicable.

Section 1: Pers	onai intori	nation														
ID Number:													Male:		Female:	
Surname:													J 1		J L	
Full names:																
Cell number:																
Marital Status:	Single			Ма	rried			Divo	rced			N	lumber o	f dependa	ants	
Address:	Address: Home					Postal (only if differs from home-address)										
								-								
			al Code:								Doots	al Code:				
		F050	ai Coue.								F0516	ai Code.				
Email Address:																
Section 2: Cour	se Inform	ation														
Name of Institution: (e	.g. University S	Stellenbos	ch/Bolai	nd Colle	ge)											
,					<u> </u>											
Current course of stud	y: (e.g. ND Ch	emical Er	ngineerin	ng/B Cor	n Accol	unting)										
Campus: (e.g. Bellville	/Wellington)										Curren	t Year o	f study: (1st, 2nd o	or 3rd year)
Section 3: Stude	ent Accoun	t Inform	ation	(to be	comp	leted b	y Univ	ersity	or Co	llege)						
Course of study:																
Level:			Ins	stitution:												
												1]	
Student number:																
Registration-fees:			Study-fees:					<u>Hostel-fees:</u>								
	R			R					R							
Designation:																
9						_										
										Colle	ege/Uni	iversity	Stamp			-
Signature:						_										



ents)			
		Date passed: (mmm-yyyy)	
Yes No			
S)			
		Date passed: (mmm-yyyy)	
Yes No			
		Qualification	Year
		Title:	
Occupation:			
D	ivorced	Deceased	
		Title:	
Occupation:			
D	livorced	Deceased	
		Title:	
Occupation:			
D	ivorced	Deceased	
	Yes No Yes No Occupation:	Yes No Occupation: Divorced Divorced	Pes No Date passed: (mmm-yyyy) Yes No Qualification Qualification Title: Occupation: Divorced Deceased Title: Occupation: Title:

			Total / Totaal R	
Section 7: Financial Information - Burs	saries or Loans			
Did you apply for an AIBPROF bursary before?	Yes No			
If YES, please state year:				
Amount awarded: R	R	R	R	
Do you have any study loan(s)?	Yes No			
If YES, name Institution:			R	
			R	
			R	
List all other bursaries/loans you (have applied or will a	apply) for:			
			R	
			R	
			R	
			R	

We (Applicant and Parent/Guardian/Spouse) hereby declare:

that all the information to be true and correct;

that we accept that all information will be treated as confidential;

that this application is subject to a personal interview.

Signed at	on this	day of	2





Section 9: Supporting Documents - Checklist

The following supporting documents must accompany your application.

Please check the box on the right of each item that is included. Your application will not be considered without the documentary proof.

1. Certified	d copy of your ID document.				
2. Certified	d copy of your Matric results (First Year Studer	nts).			
3. Certified	d letter of your Academic records (Senior Stud	ents).			
4. Certified	d Proof of Registration.				
5. Copy of	payment for Registration Fees.				
6. Proof of	applicant's Home-address.				
7. Certified	d copies of pay-slip(s) of your parent (s) or gua	ardian.			
8. Sworn a	affidavits if your parent (s) or guardian(s) are u	nemployed.			
	ATTACHED ALL DO	OCUMENTS TO	THIS PAGE		
Section 10: Testimoni	al by Religious Leader				
, the undersigned, being the re	ligious leader at				, testify
			7		
as follows concerning the bursa	ary applicant whom I've known for the last		year (s):		
Describe the applicant's home of	circumstances:				
Describe the applicant's involve	ement and participation in the activities of your	organisation:			
recommend this applicant for a	a bursary because:				
Name: _					
Designation:					
Telephone Number: _ Cell Number:				Official Stamp	
Geli Nullibel.					
Signature:					
Signature.					THE PERSON NAMED IN

AIBPROF