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| **APPLICATION FOR A BURSARY FOR TERTIARY EDUCATION** |

**GENERAL INFORMATION**

1. The Epilepsy South Africa Educational Trust exclusively awards bursaries to persons with epilepsy.
2. The Trust will only fund tuition costs and not residential and other costs.
3. Trust bursaries are part-bursaries. As such, the Trust does not fund the full cost for any one student.
4. A bursary may be withdrawn at any stage if academic performance is not satisfactory or the recipient fails to fulfil the requirements of the agreement.
5. Bursaries are awarded by the Trust in December annually for the following academic year.
6. Bursaries are awarded for one year only. It is the responsibility of the student to re-apply for further bursaries by 31 October annually.
7. Students are required to declare bursaries or awards received from any other sources.
8. Applicants are requested to print clearly when completing the application.
9. Incomplete application forms will be rejected. An application is considered complete if all sections have been completed in full and all relevant annexures submitted.
10. This application form, together with all supporting documentation must be completed in full with each annexure marked clearly and submitted no later than 31 October annually to:

Ordinary mail: The Secretary, Epilepsy South Africa Educational Trust, PostNet Suite #131, Private Bag X 3, Bloubergrant, 7443

Email: nationaldirector.no@epilepsy.org.za

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| **SECTION A: PERSONAL INFORMATION** |

Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First names: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title (please mark the appropriate box):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Ms | Mr | Mrs | Miss | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_ |

Date of birth: \_\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_

 Day Month Year

Identity number:

|  |  |  |  |  |  |  |  |  |  |  |  |  |
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**Attach a certified copy of your identity document (Annexure A).**

Home address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Province (please mark the appropriate box):

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Western Cape | Eastern Cape | Northern Cape | Gauteng | Free State | North West | Limpopo | Mpumalanga | KwaZulu-Natal |

Postal address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Code: \_\_\_\_\_\_\_\_\_\_\_\_\_

Contact numbers:

|  |  |  |  |
| --- | --- | --- | --- |
| Home number:(\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_ | Work number:(\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_ | Mobile (cell) number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Alternative number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **SECTION B: RESULTS ACHIEVED IN HIGHEST STANDARD PASSED AT SCHOOL** |

**If you are currently still at school, please provide your June exam results.**

Name of school: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Town/City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Province: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade: \_\_\_\_\_\_\_\_\_\_\_ Year: \_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **Subject** | **Mark/Symbol** |
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**Attach a certified copy of your exam results (Annexure B)**

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| **SECTION C: ONLY TO BE COMPLETED BY STUDENTS WHO HAVE NOT YET ENTERED A TERTIARY INSTITUTION** |

At which tertiary institution have you applied to study? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Which degree/diploma/certificate are you enrolled for in the coming year? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Duration of course: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ years

In which year will you complete the course? \_\_\_\_\_\_\_\_\_\_\_\_\_

**Attach proof of acceptance for admission as Annexure C. If you do not yet have proof of acceptance, please provide proof of application and a written explanation why you do not yet have proof of acceptance and when you anticipate receiving proof of acceptance.**

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| **SECTION D: ONLY TO BE COMPLETED BY STUDENTS ALREADY ATTENDING A TERTIARY INSTITUTION** |

Name of tertiary institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Degree/diploma/certificate for which you are registered: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current year of study (e.g. 1st or 2nd year): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Year of study for which you are applying for a bursary (e.g. 1st or 2nd year): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Duration of course: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ years

When do you expect to complete your course? \_\_\_\_\_\_\_\_\_\_ (year)

Enter all subjects and exam results for each year of study (Use an additional sheet if required):

|  |  |  |
| --- | --- | --- |
| **Year****(e.g 1st year)** | **Subject** | **% / symbol** |
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**Attach certified copies of all certificates and results as Annexure D.**

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| **SECTION E: FINANCIAL INFORMATION** |

Family income

Confidential information on family income:

|  |  |  |  |
| --- | --- | --- | --- |
| **Family member** | **Occupation** | **Monthly income** | **Age** |
| Your own |  |  |  |
| Father |  |  |  |
| Mother |  |  |  |
| Spouse |  |  |  |
| Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |

**Attach documentary evidence such as payslips or affidavits as Annexure E.**

Number of children in the family still at school: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of children in the family studying at tertiary level: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bursaries

Have you received any bursaries, grants or scholarships in this or previous years?

|  |  |
| --- | --- |
| Yes | No |

If yes, please complete the following:

|  |  |  |
| --- | --- | --- |
| **Year** | **Bursary / Grant / Scholarship** | **Value** |
|  |  |  |
|  |  |  |
|  |  |  |

Have you applied for any bursaries, grants or scholarships for the coming year?

|  |  |
| --- | --- |
| Yes | No |

If yes, please complete the following:

|  |  |  |  |
| --- | --- | --- | --- |
| **Year** | **Bursary/Grant/Scholarship** | **Outcome of application** | **Value** |
|  |  |  |  |
|  |  |  |  |
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Financial assistance required

How much is your tuition fees for the coming year? R\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How much do you expect the Epilepsy South Africa Educational Trust to contribute to the cost of your tuition in the coming year bearing in mind that the Trust only provides partial bursaries to any one student? R\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **SECTION F: WORK EXPERIENCE AND CURRENT OCCUPATION** |

Are you currently employed?

|  |  |
| --- | --- |
| Yes | No |

If no, what are you currently doing? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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If yes, please complete the following for your current and previous two positions:

|  |  |  |  |
| --- | --- | --- | --- |
| **Duration of employment** | **Type of work** | **Employer** | **Salary/wage per month** |
|  |  |  |  |
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**Attach a certified copy of your latest payslip as Annexure F.**

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| **SECTION G: CONFIDENTIAL MEDICAL INFORMATION** |

As the Epilepsy South Africa Educational Trust exclusively supports people with epilepsy it is necessary that you provide documentary evidence that you have epilepsy. Please provide the following details of the doctor/clinic treating your epilepsy:

Name of doctor/clinic: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Province (please mark appropriate box):

|  |  |  |  |  |  |  |  |  |
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| Western Cape | Eastern Cape | Northern Cape | Gauteng | Free State | North West | Limpopo | Mpumalanga | KwaZulu-Natal |

Telephone number: (\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

At what age was your epilepsy first diagnosed? \_\_\_\_\_\_\_\_\_ years

**Attach a certified copy of a letter from your doctor/clinic confirming that you have epilepsy as Annexure G.**

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| **SECTION H: ADDITIONAL INFORMATION** |

Please provide details of any special interests or achievements which you believe should be considered in judging your application:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Are you currently a member of Epilepsy South Africa?

|  |  |
| --- | --- |
| Yes | No |

If no, why not? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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If yes, please complete the following:

|  |  |  |
| --- | --- | --- |
| **Epilepsy SA Branch where you hold membership** | **Year joined** | **Describe the activities you have been involved in and the positions you have held (e.g. Board member, volunteer)** |
|  |  |  |

**Attach proof of Epilepsy SA membership (obtainable from the Branch) as Annexure H noting that membership is a requirement for bursary recipients.**

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| **SECTION I: THE ROLE AND RESPONSIBILITIES OF BURSARY RECIPIENTS** |

The following conditions apply to the allocation and payment of bursaries:

1. You must maintain satisfactory academic progress.
2. You must meet all requirements stipulated by the Trust, including the timeous submission of all required documentation.
3. You are required to submit at least one article on your experiences. These articles should not be longer than one typed page and will be used to provide feedback to donors/funders as part of sustaining the Trust. Epilepsy South Africa also has the right to publish such articles. The deadlines for submission of your articles will be indicated in the Memorandum of Agreement should your application be successful.
4. Bursaries are paid in two tranches. The first payment will be made once you have signed an agreement with the Trust and completed and returned information regarding bursary payment details and an account statement from the tertiary institution reflected a minimum outstanding balance equal to one half of your bursary allocation. The second payment will be made upon receipt of your mid-year results and the completed progress report. Failure to submit the required documentation timeously will result in the withdrawal of the bursary with immediate effect.
5. Bursaries will be paid directly into your student account at the tertiary institution where you are registered. Deposits will not be made into private bank accounts under any circumstances.
6. You will notify the Trust immediately should you discontinue your studies for any reason.
7. The Trust will keep a database of beneficiaries and expects each beneficiary to financially support the Trust on a regular basis once you have completed your studies and taken up employment. In this way the Trust ensures sustainability.
8. You will inform the Trust immediately should you receive a bursary from another source. Failure to do so will result in immediate termination of the bursary and repayment of all funds already paid in terms of your bursary.
9. You will attend the Annual General Meeting of either the National Office or one of the Branches (whichever is more convenient for you) annually unless the Trust agrees in writing that it is not reasonable for you to do so (e.g. by virtue of your geographic location).

Please provide an indication of how your studies will assist you to make a difference in the lives of other people with epilepsy, using an additional sheet if required:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **CHECKLIST** |
| Have you completed all sections of this form in full |  |
| Have you attached the following annexures? |
|  | Certified copy of your identity document |  |
|  | Certified copy of your exam results (high school) |  |
|  | Certified proof of acceptance for admission |  |
|  | Certified copies of all certificates and results (tertiary institution) |  |
|  | Certified documentary evidence of family income |  |
|  | Certified copy of your latest payslip |  |
|  | Certified copy of letter from doctor/clinic confirming that you have epilepsy |  |
|  | Proof of Epilepsy SA membership – Section H |  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature of applicant Date

**If you are under the age of 18 years, your parent/guardian will need to sign this form as well:**

Name of parent/guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact details:

|  |  |  |  |
| --- | --- | --- | --- |
| Home number:(\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_ | Work number:(\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_ | Mobile (cell) number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Alternative number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature of parent/guardian Date