

APPLICATION FORM

EXTERNAL BURSARY

- USE BLOCK LETTERS TO COMPLETE THIS FORM
- GIVE SHORT ANSWERS AND WHERE APPLICABLE MARK WITH
- INCOMPLETE OR LATE APPLICATIONS WILL NOT BE CONSIDERED

WHERE DID YOU FIND OUT ABOUT THE SANRAL BURSARY SCHEME?

- CAREER AWARENESS UNIVERSITY STAFF FRIEND INTERNET
OTHERS: SPECIFY _____

A | PARTICULARS OF THE APPLICANT

Title: _____ Surname: _____
First Names: _____ Identity Number: _____
GENDER MALE FEMALE **RACE** AFRICAN INDIAN ASIAN COLOURED WHITE **DISABILITY** YES NO
Marital Status: _____ Home Language: _____
Home Address _____ Study Address (during studies) _____

Cellphone No: _____ Tel No: (H): _____
Tel No: (W): _____ Fax No: _____
E Mail: _____

B | PARTICULARS OF DEGREE FOR WHICH YOU WISH TO RECEIVE THE BURSARY

Student Number (if available): _____
At which University/Institution are you/do you intend studying: _____
Accepted or Not: YES NO Degree, e.g. B Sc Eng. Civil: _____
Mark the academic year of study for which you are applying: FIRST SECOND THIRD FOURTH **OR** HONOURS MASTERS

C | OTHER BURSARIES OR SPONSORS

Do you presently study with a bursary: YES NO If yes: name of the bursary: _____
If yes, annual value of the bursary: _____ Do you have or have you received a study loan/scholarship: YES NO
If yes, name of the loan/scholarship: _____ For what purpose/how much? _____
When did you get the loan/scholarship? _____
If you are not currently enrolled at an educational institution, please indicate what you are doing at present? _____

D | DETAILS ABOUT PARENTS / GUARDIAN / NEXT OF KIN

PARENT 1

Title: _____ Surname: _____

Initials: _____ Identity number: _____

Relationship: MOTHER FATHER OTHER: SPECIFY _____

Occupation: _____ Marital status: _____

Mark monthly income group (R): <R5 000 R5 000 – R20 000 >R20 000 **ATTACH PROOF OF INCOME OR AN AFFIDAVIT**

Postal address _____ Residential address _____

Cellphone No: _____ Tel No: (H) _____

Tel No (W): _____ Fax No: _____

E-mail: _____

PARENT 2 (if applicable)

Title: _____ Surname: _____

Initials: _____ Identity number: _____

Relationship: MOTHER FATHER OTHER: SPECIFY _____

Occupation: _____ Marital status: _____

Mark monthly income group (R): <R5 000 R5 000 – R20 000 >R20 000 **ATTACH PROOF OF INCOME OR AN AFFIDAVIT**

Postal address _____ Residential address _____

Cellphone No: _____ Tel No: (H) _____

Tel No (W): _____ Fax No: _____

E-mail: _____

How many other dependants are still at home? _____

No. of dependants at tertiary institution: _____ No. of dependants still at school: _____

No. of other dependants supported e.g. grandparents, etc. _____

E | DECLARATION BY PARENT/S AND OR GUARDIAN OR NEXT OF KIN

I certify that the information supplied in this application is correct and that, if my child/ward is awarded a bursary, I will abide by the regulation applicable to the SANRAL Bursary Scheme.

Signature by Parent/Guardian

Date: _____

F | DECLARATION BY APPLICANT

I certify that the information supplied in this application is correct and that, if I am awarded a bursary, I will abide by the regulation applicable to SANRAL Bursary Scheme.

Signature of applicant

_____ Date: _____

If still a minor, signature of parent/guardian

_____ Date: _____

G | DOCUMENTATION

OFFICE USE ONLY: HUMAN RESOURCE MANAGEMENT (TO BE COMPLETED BY DELEGATED PERSON):

1. Study course aligned to the core objectives of SANRAL YES NO
2. Verification of total annual income of parent/s and / legal guardian/s YES NO
3. Verification of identity document YES NO
4. Verification of certificates of qualifications obtained and academic records YES NO

H | RECOMMENDATION

OFFICE USE: TO BE COMPLETED BY THE CHAIRPERSON OF THE SANRAL EXTERNAL BURSARY SCHEME:

1. The Bursary Application recommended/not recommended
(with due consideration to the criteria established for successful external bursary application for 20YY)
2. The budgetary implication applied for, amounting to R_____ is noted and R_____ recommended/not recommended for year 20YY

Comments: _____

Signature:

_____ Date: _____

I | APPROVAL

OFFICE USE: TO BE COMPLETED BY THE DELEGATED AUTHORITY

Bursary application is Approved/Not approved.

Comments: _____

DELEGATED AUTHORITY

Signature:

_____ Date: _____

