

# 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 / GUARDIAN 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 / GUARDIAN 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/or 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: \_\_\_\_\_

