

2023 BURSARY FUND APPLICATION FORM: NON-EMPLOYEE OF GOLD CIRCLE

INSTRUCTIONS TO APPLICANT

- **Read this cover page**
- **Complete only pages 2 to 11 in detail.**

APPLICATION FORM AND SUPPORTING DOCUMENTS

- This application form must be completed in **BLACK INK ONLY**;
- **DO NOT REPLICATE THIS FORM IN ANY WAY**
- Mark appropriate blocks with an "X" when making a multiple choice selection;
- Once completed, please submit the application form to the Human Resources Department of Gold Circle OR to the Corporate Services Administrator (arvindh@goldcircle.co.za), **together** with the following **compulsory CERTIFIED supporting documents**:
 - Copy of Applicant's Identity Document;
 - Proof of Applicant's Physical Residential Address (In the Applicant's name);
 - Should the Applicant not be in possession of a utility bill that is in his / her name and reflecting his / her Physical Residential Address, a Sworn Affidavit completed by the parent / guardian / spouse, must be attached to the Application Form, confirming that the Applicant resides with the parent / guardian / spouse and the certified copy of the proof of the Physical Residential Address of the parent / guardian / spouse must be provided;
 - Latest 3 months Bank statement of Applicant (3 months historic statement from date of application);
 - Copy of most recent payslips if Applicant is Employed (not older than 3 months);
 - Copy of latest financial statements and 3 months bank statements if Applicant is self-employed;
 - Copy of Applicant's Grade 12 Certificate;
 - Should the Grade 12 Certificate not be available, a copy of the Statement of Results must be attached;
 - Copy of past tertiary academic records (if Applicant has studied previously);
 - Copy of current tertiary academic records (if Applicant is currently studying);
 - Confirmation of 2023 admission acceptance to study at the nominated Tertiary Academic Institution (Acceptance Letter to be provided);
 - Confirmation of registration at the nominated Tertiary Academic Institution (if Applicant has registered for the 2023 academic year);
 - Applicant's Letter of Motivation for bursary consideration (written by the Applicant);
 - Applicant's Character Reference Letter from a credible referee (written by someone who can provide a reference for the Applicant);
 - Copy of Identity Document of **BOTH** parents / guardians / spouse;
 - Copy of most recent Payslips of both parents / guardians / spouse;
 - Copy of latest 3 months bank statements of both parents / guardians / spouse.
 - If parents / guardians / spouse is self-employed, provide latest Financial Statements;
 - Copy of UI-19 document or Sworn Affidavit if parents / guardians / spouse is unemployed;
 - Latest 3 months Bank statement if parents / guardians / spouse are unemployed;
 - Death Certificate if parent / guardian is deceased;
 - Divorce Certificate if parents / guardians are divorced;
 - Sworn Affidavit from residing parent, if parents / guardians are separated;

DOCUMENTS, CERTIFICATES AND AFFIDAVITS

- All copies **MUST** be Certified:
 - Certified copies must **NOT** be older than three (3) months;
 - Certified copies must be original copies, and not copies of certified documents.
- **Affidavits** must be:
 - Original, and not copies of the original;
 - Duly signed and stamped by a Commissioner of Oaths;



DISQUALIFICATION

- **Failure to:**
 - o **complete this application form fully and correctly;**
 - o **provide ALL the required documents duly certified;**
 - o **submit the application (in its entirety) by the deadline;****may result in the application being declined due to insufficient or incorrect information, or late submission of application.**

APPLICANT'S PERSONAL DETAILS

| | | | | | | | | | | | |
|--|--|---------|--------|----------|---------|-------------|----------|--------|---------|--|--|
| FORENAME: | | | | | | | | | | | |
| SURNAME: | | | | | | | | | | | |
| IDENTITY NUMBER: | | | | | | | | | | | |
| PHYSICAL RESIDENTIAL ADDRESS: | | | | | | | | | | | |
| | | | | | | | | | | | |
| PROVINCE | | | | | | POSTAL CODE | | | | | |
| POSTAL ADDRESS: | | | | | | | | | | | |
| | | | | | | | | | | | |
| HOME TELEPHONE NUMBER: | | | | | | () | | | | | |
| CELLULAR PHONE NUMBER: | | | | | | | | | | | |
| EMAIL ADDRESS: | | | | | | | | | | | |
| NATIONALITY: | | | | | | | | | | | |
| GENDER | | | | MALE | | | | FEMALE | | | |
| RACE: | | AFRICAN | | COLOURED | | INDIAN | | WHITE | | | |
| MARITAL STATUS: | | | SINGLE | | MARRIED | | DIVORCED | | WIDOWED | | |
| DO YOU HAVE A DISABILITY? | | | | | | YES | | NO | | | |
| IF YES, PLEASE PROVIDE THE NATURE OF THE DISABILITY: | | | | | | | | | | | |
| | | | | | | | | | | | |
| DO YOU HAVE A CRIMINAL RECORD? | | | | | | YES | | NO | | | |
| IF YES, PLEASE PROVIDE THE DETAILS OF THE CRIMINAL RECORD: | | | | | | | | | | | |
| | | | | | | | | | | | |
| ARE YOU FINANCIALLY DEPENDANT ON YOUR PARENTS / GUARDIANS / SPOUSE? | | | | | | | | | | | |
| YES | | | NO | | | | | | | | |
| IF <u>NOT</u>, PLEASE COMPLETE NEXT SECTION ON "APPLICANT'S SOURCE OF INCOME DETAILS" | | | | | | | | | | | |



APPLICANT'S SOURCE OF INCOME DETAILS

(To be completed if not financially dependent on parent / guardian / spouse)

| | | | |
|--|--------|--|----------|
| BRIEFLY ELABORATE ON YOUR SOURCE OF INCOME | | | |
| | | | |
| | | | |
| IF YOU ARE FORMALLY EMPLOYED, PLEASE COMPLETE THE BELOW | | | |
| JOB TITLE | | | |
| NAME OF COMPANY EMPLOYED AT | | | |
| CURRENT LENGTH OF EMPLOYMENT SERVICE (years) | | | |
| GROSS ANNUAL INCOME (Total cost of employment) | | | |
| IF YOU ARE SELF-EMPLOYED, PLEASE COMPLETE BELOW | | | |
| SECTOR | FORMAL | | INFORMAL |
| PROFESSION | | | |
| COMPANY NAME, IF FORMAL ENTITY | | | |
| COMPANY REGISTRATION NUMBER | | | |
| NATURE OF INDUSTRY | | | |
| GROSS ANNUAL TURNOVER (Pre Tax) | | | |

SECONDARY SCHOOL ACADEMIC RECORD

| | |
|---------------------------------|-----------|
| SECONDARY SCHOOL NAME: | |
| CITY / TOWN SCHOOL SITUATED IN: | |
| YEAR GRADE 12 PASSED: (yyyy) | |
| NAME OF SUBJECT | GRADE (%) |
| | |
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BURSARY REQUIRED

| | | | | | | | | | | |
|---|--|------------------|--|------|-------------|--|-----|--|----|--|
| NAME OF TERTIARY INSTITUTION: | | | | | | | | | | |
| | | | | | | | | | | |
| NAME OF QUALIFICATION: | | | | | | | | | | |
| | | | | | | | | | | |
| NQF LEVEL | | SAQA ID | | | | | | | | |
| HAVE YOU BEEN ADMITTED TO THIS QUALIFICATION: | | | | | | | YES | | NO | |
| HAVE YOU REGISTERED FOR THIS QUALIFICATION: | | | | | | | YES | | NO | |
| STUDENT NUMBER AT THIS TERTIARY INSTITUTION: | | | | | | | | | | |
| COMMENCEMENT DATE FOR THIS QUALIFICATION: (yyyy/mm/dd) | | | | | | | | | | |
| HAVE YOU FAILED ANY SUBJECTS IN THIS QUALIFICATION: | | | | | | | YES | | NO | |
| HAVE YOU REWRITTEN THE FAILED SUBJECTS: | | | | | | | YES | | NO | |
| WHAT WAS THE OUTCOME AFTER REWRITING THE FAILED SUBJECTS: | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| DO YOU REQUIRE FINANCIAL ASSISTANCE FOR REGISTRATION FEE: | | | | | | | YES | | NO | |
| IF YES, WHAT IS THE AMOUNT OF THE REGISTRATION FEE: | | | | | | | | | | |
| LIST THE SUBJECTS / MODULES THAT YOU REQUIRE FINANCIAL ASSISTANCE WITH, AND THE RELATED COSTS: | | | | | | | | | | |
| CODE | | SUBJECT / MODULE | | | COST (RAND) | | | | | |
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| DO YOU REQUIRE FINANCIAL ASSISTANCE FOR COMPULSORY PRESCRIBED TEXTBOOKS FOR THE ABOVE SUBJECTS / MODULES: | | | | | | | YES | | NO | |
| IF YES, PLEASE COMPLETE THE DETAILS BELOW | | | | | | | | | | |
| 1. SUBJECT / MODULE CODE: | | | | | | | | | | |
| TEXT BOOK TITLE 1: | | | | | | | | | | |
| | | | | | | | | | | |
| AUTHOR | | | | | | | | | | |
| PUBLISHER | | | | | | | | | | |
| ISBN# | | | | | | | | | | |
| YEAR PUBLISHED | | EDITION | | COST | | | | | | |



| | | | | | |
|--|--|---------|--|-------------|---|
| 2. SUBJECT / MODULE CODE: | | | | | |
| TEXT BOOK TITLE 2: | | | | | |
| | | | | | |
| AUTHOR | | | | | |
| PUBLISHER | | | | | |
| | | | | | |
| YEAR PUBLISHED | | EDITION | | COST | |
| 3. SUBJECT / MODULE CODE: | | | | | |
| TEXT BOOK TITLE 3: | | | | | |
| | | | | | |
| AUTHOR | | | | | |
| PUBLISHER | | | | | |
| | | | | | |
| YEAR PUBLISHED | | EDITION | | COST | |
| 4. SUBJECT / MODULE CODE: | | | | | |
| TEXT BOOK TITLE 4: | | | | | |
| | | | | | |
| AUTHOR | | | | | |
| PUBLISHER | | | | | |
| | | | | | |
| YEAR PUBLISHED | | EDITION | | COST | |
| 5. SUBJECT / MODULE CODE: | | | | | |
| TEXT BOOK TITLE 5: | | | | | |
| | | | | | |
| AUTHOR | | | | | |
| PUBLISHER | | | | | |
| | | | | | |
| YEAR PUBLISHED | | EDITION | | COST | |
| 6. SUBJECT / MODULE CODE: | | | | | |
| TEXT BOOK TITLE 6: | | | | | |
| | | | | | |
| AUTHOR | | | | | |
| PUBLISHER | | | | | |
| | | | | | |
| YEAR PUBLISHED | | EDITION | | COST | |
| TOTAL BURSARY APPLICATION AMOUNT (Registration Fees + Tuitions Costs + Textbook Costs = | | | | | R |



DETAILS OF GUARANTOR

PARENT OR GUARDIAN 1 (if other than the spouse)

| | | | | | | | | | | | | | | |
|--|-----------|--|---------|--|----------|--------|---------|----------|-------------|--|--|--|--|--|
| FORENAME | | | | | | | | | | | | | | |
| SURNAME | | | | | | | | | | | | | | |
| IDENTITY NUMBER | | | | | | | | | | | | | | |
| PHYSICAL RESIDENTIAL ADDRESS: | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| PROVINCE | | | | | | | | | POSTAL CODE | | | | | |
| POSTAL ADDRESS: | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| HOME TELEPHONE NUMBER | () | | | | | | | | | | | | | |
| WORK TELEPHONE NUMBER | () | | | | | | | | | | | | | |
| CELLULAR PHONE NUMBER | | | | | | | | | | | | | | |
| EMAIL ADDRESS | | | | | | | | | | | | | | |
| NATIONALITY | | | | | | | | | | | | | | |
| MARITAL STATUS | SINGLE | | MARRIED | | DIVORCED | | WIDOWED | | | | | | | |
| RELATIONSHIP TO APPLICANT | | | | | | PARENT | | GUARDIAN | | | | | | |
| IF FORMALLY EMPLOYED, PLEASE COMPLETE THE BELOW | | | | | | | | | | | | | | |
| JOB TITLE | | | | | | | | | | | | | | |
| NAME OF COMPANY EMPLOYED AT | | | | | | | | | | | | | | |
| CURRENT LENGTH OF EMPLOYMENT SERVICE (years) | | | | | | | | | | | | | | |
| GROSS ANNUAL INCOME (Total cost of employment) | | | | | | | | | | | | | | |
| IF SELF-EMPLOYED, PLEASE COMPLETE BELOW | | | | | | | | | | | | | | |
| SECTOR | FORMAL | | | | | | | INFORMAL | | | | | | |
| PROFESSION | | | | | | | | | | | | | | |
| COMPANY NAME, IF FORMAL ENTITY | | | | | | | | | | | | | | |
| COMPANY REGISTRATION NUMBER | | | | | | | | | | | | | | |
| NATURE OF INDUSTRY | | | | | | | | | | | | | | |
| GROSS ANNUAL TURNOVER (Pre Tax) | | | | | | | | | | | | | | |



DETAILS OF GUARANTOR

PARENT OR GUARDIAN 2 (if other than the spouse)

| | | | | | | | | | | | | | | |
|--|-----------|--|---------|--|----------|--------|---------|----------|-------------|--|--|--|--|--|
| FORENAME | | | | | | | | | | | | | | |
| SURNAME | | | | | | | | | | | | | | |
| IDENTITY NUMBER | | | | | | | | | | | | | | |
| PHYSICAL RESIDENTIAL ADDRESS: | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| PROVINCE | | | | | | | | | POSTAL CODE | | | | | |
| POSTAL ADDRESS: | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| HOME TELEPHONE NUMBER | () | | | | | | | | | | | | | |
| WORK TELEPHONE NUMBER | () | | | | | | | | | | | | | |
| CELLULAR PHONE NUMBER | | | | | | | | | | | | | | |
| EMAIL ADDRESS | | | | | | | | | | | | | | |
| NATIONALITY | | | | | | | | | | | | | | |
| MARITAL STATUS | SINGLE | | MARRIED | | DIVORCED | | WIDOWED | | | | | | | |
| RELATIONSHIP TO APPLICANT | | | | | | PARENT | | GUARDIAN | | | | | | |
| IF FORMALLY EMPLOYED, PLEASE COMPLETE THE BELOW | | | | | | | | | | | | | | |
| JOB TITLE | | | | | | | | | | | | | | |
| NAME OF COMPANY EMPLOYED AT | | | | | | | | | | | | | | |
| CURRENT LENGTH OF EMPLOYMENT SERVICE (years) | | | | | | | | | | | | | | |
| GROSS ANNUAL INCOME (Total cost of employment) | | | | | | | | | | | | | | |
| IF SELF-EMPLOYED, PLEASE COMPLETE BELOW | | | | | | | | | | | | | | |
| SECTOR | FORMAL | | | | INFORMAL | | | | | | | | | |
| PROFESSION | | | | | | | | | | | | | | |
| COMPANY NAME, IF FORMAL ENTITY | | | | | | | | | | | | | | |
| COMPANY REGISTRATION NUMBER | | | | | | | | | | | | | | |
| NATURE OF INDUSTRY | | | | | | | | | | | | | | |
| GROSS ANNUAL TURNOVER (Pre Tax) | | | | | | | | | | | | | | |

DETAILS OF GUARANTOR**SPOUSE (if other than the parent or guardian)**

| | | | | | | | | | | | | | | |
|--|-----------|--|--|--|--|--|--|--|--|-------------|--|--|--|--|
| FORENAME | | | | | | | | | | | | | | |
| SURNAME | | | | | | | | | | | | | | |
| IDENTITY NUMBER | | | | | | | | | | | | | | |
| PHYSICAL RESIDENTIAL ADDRESS: | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| PROVINCE | | | | | | | | | | POSTAL CODE | | | | |
| POSTAL ADDRESS: | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| HOME TELEPHONE NUMBER | () | | | | | | | | | | | | | |
| WORK TELEPHONE NUMBER | () | | | | | | | | | | | | | |
| CELLULAR PHONE NUMBER | | | | | | | | | | | | | | |
| EMAIL ADDRESS | | | | | | | | | | | | | | |
| NATIONALITY | | | | | | | | | | | | | | |
| IF FORMALLY EMPLOYED, PLEASE COMPLETE THE BELOW | | | | | | | | | | | | | | |
| JOB TITLE | | | | | | | | | | | | | | |
| NAME OF COMPANY EMPLOYED AT | | | | | | | | | | | | | | |
| CURRENT LENGTH OF EMPLOYMENT SERVICE (years) | | | | | | | | | | | | | | |
| GROSS ANNUAL INCOME (Total cost of employment) | | | | | | | | | | | | | | |
| IF SELF-EMPLOYED, PLEASE COMPLETE BELOW | | | | | | | | | | | | | | |
| SECTOR | FORMAL | | | | | | | | | INFORMAL | | | | |
| PROFESSION | | | | | | | | | | | | | | |
| COMPANY NAME, IF FORMAL ENTITY | | | | | | | | | | | | | | |
| COMPANY REGISTRATION NUMBER | | | | | | | | | | | | | | |
| NATURE OF INDUSTRY | | | | | | | | | | | | | | |
| GROSS ANNUAL TURNOVER (Pre Tax) | | | | | | | | | | | | | | |



APPLICANT'S DECLARATION

I, the undersigned Applicant, understand that this application for a bursary is not a loan. I declare that the information furnished herein is true and correct. Should this bursary application be approved by the Bursary Committee of Gold Circle, I understand that I shall be required to enter into a contractual agreement with Gold Circle. I further confirm that, should this bursary application not be approved, I will not hold Gold Circle liable whatsoever.

I acknowledge and agree that, if any information contained herein is found to not be correct at the time of review of this application, or during the life cycle of the Bursary Fund Contract of Agreement (in the instance that the bursary is awarded against this application), Gold Circle reserves its right to recover the bursary fund awarded, and any related costs from the Bursary Holder and / or the Guarantor.

I acknowledge that Gold Circle is committed to protecting and promoting the privacy of my Personal Information and to give effect to the constitutional right to privacy and to fulfil its obligations under the Protection of Personal Information Act No 4 of 2013 (Hereinafter 'POPI'). I hereby give consent to Gold Circle to process my Personal Information where the processing is necessary and only for purposes of conducting credit checks, criminal checks, fraud checks and verifications for bursary funding.

I herewith defend, indemnify and hold harmless Gold Circle from any action or claim of any nature whatsoever that might be brought by any person whatsoever against Gold Circle as a result of any personal loss, injury or damage arising directly or indirectly from any act or omission on my part relating to or incidental to the failure from my part to honour the above provisions, or otherwise, as the case may be. I acknowledge and agree that I have read this Application Form in its entirety and that I fully understand the nature, content and implications hereof and agree hereto, and that I shall be fully bound hereto from date of signature hereof.

Signature of Applicant

Date of Application (yyyy/mm/dd)

DETAILS OF WITNESS CONFIRMING OBSERVATION OF SIGNATURE AS ABOVE

| | | | | | | | | | | | | | | |
|-------------------------------|--|--|--|-----|--|--|--|--|-------------|--|--|--|--|--|
| FORENAME: | | | | | | | | | | | | | | |
| SURNAME: | | | | | | | | | | | | | | |
| IDENTITY NUMBER: | | | | | | | | | | | | | | |
| PHYSICAL RESIDENTIAL ADDRESS: | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| PROVINCE | | | | | | | | | POSTAL CODE | | | | | |
| HOME TELEPHONE NUMBER: | | | | () | | | | | | | | | | |
| WORK TELEPHONE NUMBER: | | | | () | | | | | | | | | | |
| CELLULAR PHONE NUMBER: | | | | | | | | | | | | | | |
| EMAIL ADDRESS: | | | | | | | | | | | | | | |
| WITNESS SIGNATURE | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |



GUARANTORS DECLARATION

I/we, the undersigned parent/s / guardian/s / spouse of the applicant herein, declare that the information furnished herein is true and correct. Should this bursary application be approved by the Bursary Committee of Gold Circle, I/we understand that I/we shall be required to enter into a contractual agreement with Gold Circle as the Guarantor/s for the Applicant. I/we further confirm that, should this bursary application not be approved, I/we shall not hold Gold Circle liable whatsoever.

I/we acknowledge and agree that, if any information contained herein is found to not be correct at the time of review of this application, or during the life cycle of the Bursary Fund Contract of Agreement (in the instance that the bursary is awarded against this application), Gold Circle reserves its right to recover the bursary fund awarded, and any related costs from the Bursary Holder and/or the Guarantor.

I/we acknowledge that Gold Circle is committed to protecting and promoting the privacy of my/our Personal Information and to give effect to the constitutional right to privacy and to fulfil its obligations under the Protection of Personal Information Act No 4 of 2013 (Hereinafter 'POPI'). I/we hereby give consent to Gold Circle to process my/our Personal Information where the processing is necessary and only for purposes of conducting credit checks, criminal checks, fraud checks and verifications for bursary funding.

I/we herewith defend, indemnify and hold harmless Gold Circle from any action or claim of any nature whatsoever that might be brought by any person whatsoever against Gold Circle as a result of any personal loss, injury or damage arising directly or indirectly from any act or omission on my/our part relating to or incidental to the failure from my/our part to honour the above provisions, or otherwise, as the case may be. I/we acknowledge and agree that I/we have read this Application Form in its entirety and that I/we fully understand the nature, content and implications hereof and agree hereto, and that I/we shall be fully bound hereto from date of signature hereof.

Signature of Parent 1 / Guardian 1 / Spouse

Date of Signature (yyyy/mm/dd)

Signature of Parent 2 / Guardian 2

Date of Signature (yyyy/mm/dd)

DETAILS OF WITNESS CONFIRMING OBSERVATION OF SIGNATURES AS ABOVE

| | | | | | | | | | | | | | | |
|-------------------------------|-----------|--|--|--|--|--|--|--|-------------|--|--|--|--|--|
| FORENAME: | | | | | | | | | | | | | | |
| SURNAME: | | | | | | | | | | | | | | |
| IDENTITY NUMBER: | | | | | | | | | | | | | | |
| PHYSICAL RESIDENTIAL ADDRESS: | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| PROVINCE | | | | | | | | | POSTAL CODE | | | | | |
| HOME TELEPHONE NUMBER: | () | | | | | | | | | | | | | |
| WORK TELEPHONE NUMBER: | () | | | | | | | | | | | | | |
| CELLULAR PHONE NUMBER: | | | | | | | | | | | | | | |
| EMAIL ADDRESS: | | | | | | | | | | | | | | |
| WITNESS SIGNATURE | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |

FOR OFFICE USE ONLY:

| | | | | |
|---|----------|--|------------|--|
| APPLICATION REFERENCE NUMBER: | | | | |
| DATE APPLICATION RECEIVED (yyyy/mm/dd) | | | | |
| APPLICATION FORM COMPLETED | YES | | NO | |
| CERTIFIED COPY OF ID OF APPLICANT | YES | | NO | |
| CERTIFIED COPY OF PHYSICAL RESIDENTIAL ADDRESS | YES | | NO | |
| ***SWORN AFFIDAVIT BY PARENT / GUARDIAN IN THE ABSENCE OF ABOVE | YES | | NO | |
| LATEST 3 MONTHS BANK STATEMENT OF APPLICANT | YES | | NO | |
| CERTIFIED COPY OF PAYSLEIPS OF APPLICANT (if employed) | YES | | NO | |
| FINANCIAL STATEMENTS AND 3 MONTH BANK STATEMENT OF APPLICANT (if self-employed) | YES | | NO | |
| CERTIFIED COPY OF GRADE 12 CERTIFICATE | YES | | NO | |
| CERTIFIED COPY OF STATEMENT OF RESULTS (ABSENCE OF GRADE 12 CERT) | YES | | NO | |
| CERTIFIED COPY OF PAST TERTIARY ACADEMIC RECORD (if applicable) | YES | | NO | |
| CERTIFIED COPY OF CURRENT TERTIARY ACADEMIC RECORD (if applicable) | YES | | NO | |
| CERTIFIED COPY OF ADMISSION ACCEPTANCE LETTER FROM TERTIARY INSTITUTION | YES | | NO | |
| CERTIFIED COPY OF REGISTRATION AT TERTIARY INSTITUTION | YES | | NO | |
| LETTER OF MOTIVATION | YES | | NO | |
| CHARACTER REFERENCE | YES | | NO | |
| CERTIFIED COPIES OF ID OF PARENTS / GUARDIANS / SPOUSE | YES | | NO | |
| CERTIFIED COPIES OF PAYSLEIPS OF PARENTS / GUARDIANS / SPOUSE | YES | | NO | |
| THREE MONTH BANK STATEMENT OF PARENTS / GUARDIANS / SPOUSE OR IF SELF EMPLOYED, THEN FINANCIAL STATEMENTS | YES | | NO | |
| COPY OF UI-19 FORM or ORIGINAL SWORN AFFIDAVIT OF PARENTS / GUARDIANS / SPOUSE (for unemployed) | YES | | NO | |
| LATEST 3 MONTHS BANK STATEMENT IF PARENT / GUARDIAN / SPOUSE IS UNEMPLOYED | YES | | NO | |
| CERTIFIED COPY OF DEATH CERTIFICATE OF PARENTS / GUARDIANS (if deceased) | YES | | NO | |
| CERTIFIED COPIES OF DIVORCE CERTIFICATE OF PARENTS / GUARDIANS (if divorced) | YES | | NO | |
| ORIGINAL SWORN AFFIDAVIT OF PARENTS / GUARDIANS (for separated parents or guardians) | YES | | NO | |
| APPLICATION STATUS | COMPLETE | | INCOMPLETE | |
| DATE APPLICATION FINALISED BY APPLICANT (yyyy/mm/dd) | | | | |
| COMMENTS BY CSA: | | | | |
| | | | | |

 Signature of CSA

 Date of Receipt (yyyy/mm/dd)



| RECOMMENDATION BY BURSARY COMMITTEE | | | |
|--|-----|--|----|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| APPLICATION APPROVED | YES | | NO |

Name of Bursary Committee Chairperson

Signature of Chairperson

Date (yyyy/mm/dd)