

241 3rd Road, Halfway Gardens 1685 PD Box 5705 Halfway House 1685 South Africa Tel +27 11 205 7000 | Fax +27 11 205 7110

(To be completed by the applicant in English only in his/her own handwriting.)

## **BURSARY APPLICATION**

## 1. PERSONAL DETAILS

1.1 Surname:		First names:							
1.2 Postal address:									
1.3 Telephone number:		Alternate contact number: _							
1.4 Identity number:		Date of birth: _							
1.5 Race:		Gender:		_					
1.6 Nationality:									
2. QUALIFICATIONS: SCHOOL									
Name and address of school attended									
Year in which you matriculated									
Subjects taken	Grade 11	Grade 12 mid year	Matric examination	HG/SG					
Physical Science									
Mathematics									
Afrikaans									
English									
Other: 1.									
2.									

## PROPOSED/CURRENT STUDIES AT A UNIVERSITY (Delete option not applicable) 3.1 Qualification you are studying \_\_\_\_\_ 3.2 Majors you are taking \_\_\_\_\_ 3.3 Additional subjects \_\_\_\_ 3.4 University you are attending \_\_\_ 3.5 Study year next year (e.g. I or II) COPIES OF ACADEMIC TRANSCRIPTS TO BE ATTACHED YEAR III YEAR I YEAR II Subjects taken at University Symbol / % Subjects taken Symbol / % Subjects taken Symbol / % 4. EXPERIENCE, IF ANY 4.1 Name of present or last employer \_\_\_\_\_ 4.2 Address and Tel no. \_\_\_\_\_ \_\_\_\_\_То \_\_\_\_ 4.3 From 4.4 Designation \_\_\_\_\_ May we contact this employer? \_\_\_\_\_ 4.6 Reasons for termination of service \_\_\_ 5. OTHER DETAILS Details of achievement, academic prizes or awards (if any) **INTERESTS AND HOBBIES** Give details of sporting activities, group activities and hobbies with standards achieved and position attained (if any) Sporting \_\_\_\_\_ Group

Hobbies

7.	7. MOTIVATION						
Explain why you chose this field of study and career and why we should award you with a bursary?							
8.	CHECKLIST	Tick if completed)					
•	Application Form completed and signed						
•	ID copy attached						
•	Academic transcripts attached						
9.	DECLARATION						
	I declare that I understand the questions in this application form and that the answers given to all of them are true.						
	SIGNATURE	OF APPLICANT		_ DATE			
10.	0. CONTACT DETAILS						
	FAX NO:	(011) 205 7110					
	POSTAL:	241 Third Road Halfway Gardens Midrand 1686					

Kindly note that 13 September 2019 is the closing date for applications for the Altron study aid scheme.

Correspondence will only be conducted with candidates who reach the short list. Applicants who have not received a letter of acknowledgement within two months of the closing date can assume that they were not short listed for an interview and are hereby thanked for their application.

E-MAIL:

bursaries@altron.com