



STUDENT BURSARY APPLICATION - 2019

This application form should be e-mailed to: cretbursary@cyrilramaphosa.org

Closing date: 30 NOVEMBER 2018

The Cyril Ramaphosa Education Trust supports determined young South African individuals from challenging backgrounds to gain access to local learning institutions that offer recognised qualifications that will enhance employment prospects.

Please ensure that you have read the document "CRET Bursary Criteria" before completing the below information.

Failure to comply with the required criteria, or in submitting all the relevant documents, will result in your application being discarded without further notification.

SECTION 1: PERSONAL INFORMATION

TITLE (Mr/Mrs/Ms/Other):		INITIALS:	
SURNAME:			
FULL NAME(S):			
PREFERRED NAME:			
DATE OF BIRTH(dd/mm/yyyy):		/	/
GENDER:		M	F
SA CITIZEN?	Yes	No	
POPULATION GROUP:		Black	Coloured
		Asian	Indian
		White	
DISABILITIES:	Yes	No	If "Yes" please specify:
PHYSICAL ADDRESS:			
		Code:	
PROVINCE:	Do you live in a rural area?		Yes
		No	
POSTAL ADDRESS:			
		Code:	
TELEPHONE:	Code	Landline	Mobile
E-mail			

SECTION 2: STUDY DETAILS

What are you doing currently?	High school	Tertiary studies	Working	Nothing
Have you matriculated?	Yes	No		
Name of school				
GRADE 12 RESULTS				
Subjects	JUNE %	FINAL %		
1				
2				
3				
4				
5				
6				
7				
8				
Where do you intend studying?				
Have you applied at the relevant institution/s?	Yes	No		

Have you been accepted for the course by any institution?	Yes	No	
Have you been accepted for residence?	Yes	No	Name of residence:
Do you have any other Bursary?	Yes	No	
If "yes" provide details:			
Have you applied for NSFAS funding?			

SECTION 3: SUPPORTING DOCUMENTS CHECK LIST

THE FOLLOWING DOCUMENTATION MUST ACCOMPANY YOUR APPLICATION

Please mark with an "X" if you have included the specific documents

No applications will be considered without these documents, except in the instance of final matric results if the applicant is currently in matric.

1	Certified copy of Matric June and Final results?	
2	Certified copy of your ID document?	
3	Certified copies of your parents / guardian's ID documents?	
4	Certified copies of pay-slips for your parents / guardian (if they are employed)?	
5	If your parents / guardians are pensioners or receiving a grant please include proof of income	

SECTION 4: PARENT / GUARDIAN & FAMILY INFORMATION

DETAILS OF FATHER:																		
Title			Surname:			Full Name:												
ID Number:									Employed?			Yes		No				
Total income (salary, wages, grant, etc.) per month:									R									
Marital status			Married		Divorced		Separated		Never Married			Widowed						
DETAILS OF MOTHER:																		
Title			Surname:			Full Name:												
ID Number									Employed?			Yes		No				
Total Income (salary, wages, grant, etc.) per month:									R			Pensioner:			Yes		No	
Marital status:			Married		Divorced		Separated		Never Married			Widowed						
DETAILS OF GUARDIAN (not mentioned above):																		
Title			Surname:			Full Name:												
ID Number:												Yes		No				
Total Income (salary, wages, grant) per month:												Pensioner			Yes		No	
Marital Status:			Married		Divorced		Separated		Never Married			Widowed						
Relationship with you?																		
DETAILS OF OTHER FAMILY MEMBERS WHO ARE LIVING AT YOUR HOME NOT MENTIONED ABOVE																		
NAME			Relationship (EG: aunt, nephew, sister, etc.)			Which category does the person fall under? (toddler, scholar, etc.)			Does this person have any income from any source: (Rand per month)			What kind of Income is it? (e.g. wages, pension, grant)						
1																		
2																		
3																		
4																		
5																		
6																		
7																		
8																		
9																		

10					
----	--	--	--	--	--

SECTION 5: TESTIMONIAL BY EDUCATION OR COMMUNITY OFFICIAL

I, the undersigned, testify as follows concerning the bursary applicant:					
Describe the applicant's home circumstance (if you know them):					
Academic potential of applicant:					
Personality and leadership qualities of applicant:					
Describe the applicant's involvement and participation in community or social organisations:					
This Testimonial is given by me, the undersigned, in my capacity as					
Contact Details	Code		Landline		Mobile
Name and surname					Official Stamp
Signature:		Date:			

SECTION 6: DECLARATION

I hereby declare that all the information given in this form and the included documents is true and accurate	
Applicant's signature: _____	DATE ____/____/____
Signature of parent / guardian: _____	DATE ____/____/____

SECTION 7: MOTIVATION ESSAY *(use additional pages if necessary)*