



APPLICATION FOR A BURSARY FOR TERTIARY EDUCATION

GENERAL INFORMATION

1. The Epilepsy South Africa Educational Trust exclusively awards bursaries to persons with epilepsy.
2. The Trust will only fund tuition costs as residential and other costs will only be funded in exceptional circumstances.
3. Trust bursaries are part-bursaries. As such, the Trust does not fund the full cost for any one student.
4. A bursary may be withdrawn at any stage if academic performance is not satisfactory.
5. Bursaries are awarded by the Trust in February of each year.
6. Bursaries are tenable for one year only. It is the responsibility of the student to re-apply for further bursaries by 30 October annually.
7. Students are required to declare bursaries or awards received from any other sources.
8. Applicants are requested to print clearly when completing the application.
9. Incomplete application forms will be rejected.
10. This application form, together with all supporting documentation must be submitted no later than 30 October annually to:

Ordinary mail: The Secretary, Epilepsy South Africa Educational Trust, PostNet Suite #430, Private Bag X 3, Bloubaerg, 7443

Email: nationaldirector.no@epilepsy.org.za

SECTION A: PERSONAL INFORMATION

Surname:

First

names:

Title (please mark the appropriate box):

Ms	Mr	Mrs	Miss	Other: _____
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Date of birth: ____ / ____ / ____
 Day Month Year

Identity number:

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Attach a certified copy of your identity document (Annexure A).

Home address: _____

Province (please mark the appropriate box):

Western Cape	Eastern Cape	Northern Cape	Gauteng	Free State	North West	Limpopo	Mpumalanga	KwaZulu- Natal
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Postal address: _____

Code:

Contact numbers:

Home number: () _____	Work number: () _____	Mobile (cell) number _____	Alternative number _____
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Email _____ address:

SECTION B: RESULTS ACHIEVED IN HIGHEST STANDARD PASSED AT SCHOOL

If you are currently still at school, please provide your June exam results.

Name _____ of _____ school:

Town/City: _____ Province: _____

Grade: _____ Year: _____

Subject	HG / SG	Symbol

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Aggregate symbol (Please mark the appropriate box):

A	B	C	D	E	F
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Attach a certified copy of your exam results (Annexure B)

SECTION C: ONLY TO BE COMPLETED BY STUDENTS WHO HAVE NOT YET ENTERED A TERTIARY INSTITUTION

At which tertiary institution have you applied to study? _____

Which degree/diploma/certificate course do you intend studying? _____

Duration of course: _____ years

In which year will you complete the course? _____

Attach proof of acceptance for admission as Annexure C. If you do not yet have proof of acceptance, please provide proof of application and a written explanation why you do not yet have proof of acceptance and when you anticipate receiving proof of acceptance.

SECTION D: ONLY TO BE COMPLETED BY STUDENTS ALREADY ATTENDING A TERTIARY INSTITUTION

Name of tertiary institution: _____

Student _____ number: _____

Degree/diploma/certificate for which you are registered: _____

Current year of study (e.g. 1st or 2nd year): _____

Enter all subjects and exam results for each year of study (Use an additional sheet if required):

Year (e.g 1 st year)	Subject	% / symbol

Attach certified copies of all certificates and results as Annexure D.

Degree/diploma/certificate for which you are registered for the coming academic year:

SECTION E: FINANCIAL INFORMATION

Family income

Confidential information on family income:

Family member	Occupation	Monthly income	Age
Your own			
Father			
Mother			
Other (please specify) _____ _____			

Attach documentary evidence such as payslips or affidavits as Annexure E.

Number of children in the family still at school: _____

Number of children in the family studying at tertiary level: _____

Bursaries

Have you received any bursaries, grants or scholarships in this or previous years?

Yes	No
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If yes, please complete the following:

Year	Bursary / Grant / Scholarship	Value

Have you applied for any bursaries, grants or scholarships?

Yes	No
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If yes, please complete the following:

Year	Bursary / Grant / Scholarship	Outcome of application	Value

Financial assistance required

How much is your tuition fees for the coming year? R_____

How much do you expect the Epilepsy South Africa Educational Trust to contribute to the cost of your tuition in the coming year? R_____

SECTION F: WORK EXPERIENCE AND CURRENT OCCUPATION

Are you currently employed?

Yes	No
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If no, what are you currently doing? _____

If yes, please complete the following:

Year(s)	Type of work	Employer	Salary / wage per month

Attach a certified copy of your latest payslip as Annexure F.

SECTION G: CONFIDENTIAL MEDICAL INFORMATION

As the Epilepsy South Africa Educational Trust exclusively supports people with epilepsy it is necessary that you provide documentary evidence that you have epilepsy. Please provide the following details of the doctor/clinic treating your epilepsy:

Name _____ of _____ doctor/clinic:

Epilepsy SA Branch where you hold membership	Year joined	Describe the activities you have been involved in and the positions you have held (e.g. Board member, volunteer)

Attach proof of Epilepsy SA membership (obtainable from the Branch) as Annexure H.

SECTION I: THE ROLE AND RESPONSIBILITIES OF BURSARY RECIPIENTS

The following conditions apply to the payment of bursaries:

- a) You should maintain satisfactory academic progress.
- b) If you are not yet a member, you need to make contact with the local Branch of Epilepsy South Africa either in the area where you are studying or your home location to take part in voluntary work.
- c) You are required to submit two articles on your experiences. These articles should not be longer than one typed page and will be used to provide feedback to donors/funders as part of sustaining the Trust. Epilepsy South Africa also has the right to publish such articles. The deadlines for submission of your articles will be in April and September annually.
- d) Bursaries are paid in two tranches. The first payment will be made once you have signed an agreement with the Trust and completed and returned information regarding bursary payment details, while the second payment will be made upon receipt of your mid-year results and the completed progress report. Failure to submit the required documentation timeously will result in the withdrawal of the bursary with immediate effect.
- e) Bursaries will be paid directly into your student account at the tertiary institution where you are registered. Deposits will not be made into private bank accounts under any circumstances.
- f) You will notify the Trust immediately should you discontinue your studies for any reason.
- g) The Trust will keep a database of beneficiaries and expects each beneficiary to financially support the Trust on a regular basis once you have completed your studies and taken up employment. In this way the Trust ensures sustainability.
- h) You will inform the Trust immediately should you receive a full bursary from another source. Failure to do so will result in immediate termination of the bursary and repayment of all funds already paid in terms of your bursary.
- i) You will attend the Annual General Meeting of either the National Office or one of the Branches (whichever is more convenient for you) annually.

Please provide an indication of how your studies will assist you to make a difference in the lives of other people with epilepsy, using an additional sheet if required:

[illegible]

SECTION J: REFERENCES

Please provide the details of a person (not a family member) who knows you well and can be contacted for a reference:

Name: _____

Home number: (____) _____	Work number: (____) _____	Mobile (cell) number _____	Alternative number _____
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Email _____ address: _____

What is this person's relationship with you? _____

CHECKLIST

Have you completed this form (all sections)?		
Have you attached the following annexures?		
A.	Certified copy of your identity document – Section A	
B.	Certified copy of your exam results (high school) – Section B	
C.	Proof of acceptance for admission	
D.	Certified copies of all certificates and results (tertiary institution) – Section D	
E.	Documentary evidence of family income – Section E	
F.	Certified copy of latest payslip – Section F	
G.	Certified copy of letter from doctor/clinic confirming that you have epilepsy – Section G	
H.	Proof of Epilepsy SA membership – Section H	

Signature of applicant

Date

If you are under the age of 18 years, your parent/guardian will need to sign this form as well:

Name of parent/guardian: _____

Contact details:

Home number: (____) _____	Work number: (____) _____	Mobile (cell) number _____	Alternative number _____
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Email _____ address: _____

Signature of parent/guardian

Date