



SOUTH AFRICAN ACTUARIES DEVELOPMENT PROGRAMME

P O BOX 2460, Houghton, 2041
 Telephone: (011) 642-2202 | Fax: 086 635 2372 / (011) 486-1859
 applications@saadp.co.za | www.saadp.co.za

BURSARY APPLICATION FORM

CLOSING DATE: 31 AUGUST

Please insert 'YES' next to the applicable box below:

Current Matric learner	<input type="checkbox"/>	Current Actuarial Science Student - In 1st year?	<input type="checkbox"/>
		In 2nd year?	<input type="checkbox"/>
		In 3rd year?	<input type="checkbox"/>

Which University are you intending/proposing to attend or are attending?

PERSONAL DETAILS

Title	<input type="text"/>	Surname	<input type="text"/>
First Names	<input type="text"/>		
Postal Address	<input type="text"/>		
Postal Code	<input type="text"/>	Province	<input type="text"/>
Date of Birth	<input type="text"/>	S.A. Identity Number	<input type="text"/>
Gender	<input type="text"/>	Nationality	<input type="text"/>
Race (insert 'yes')	Black <input type="checkbox"/>	Indian <input type="checkbox"/>	Coloured <input type="checkbox"/> White <input type="checkbox"/>
Home Language	<input type="text"/>	Other Language(s)	<input type="text"/>

Applicants' Contact Details

Telephone	Area Code	<input type="text"/>	Number	<input type="text"/>
Fax	Area Code	<input type="text"/>	Number	<input type="text"/>
Cell Phone	<input type="text"/>			
Email address	<input type="text"/>			

Who can we telephone to contact you urgently?

Name and Surname	<input type="text"/>			
Telephone	Area Code	<input type="text"/>	Number	<input type="text"/>
Cell Phone	<input type="text"/>			

PLEASE ATTACH THE FOLLOWING TO YOUR APPLICATION FORM:

1. Recently certified Grade 11 Report Card - (for Grade 12 learners)
2. Recently certified Grade 12 June Report Card - (for Grade 12 learners)
3. Recently certified South African ID Copy - (for both Grade 12 learners and current university students)
4. Your academic transcript - (for current university students)

NEXT OF KIN (person not living with you)

Name and Surname					
Relationship: e.g. Mother, Father, Guardian					
Telephone and email	Home	Area Code		Number	
	Work	Area Code		Number	
	Cell Phone				
	Email address (if any)				

ACADEMIC ACHIEVEMENTS

Last school attended							
Address of school							
Telephone	Area Code		Number				
What is/was your position in your Grade 11 and 12?		Grade 11				Grade 12	

LIST YOUR GRADE 11 & 12 SUBJECTS, THE EXAM % AND CLASS AVERAGE (Compulsory for Matric learners)

[illegible]

WHAT DO YOU BELIEVE ARE YOUR STRENGTHS AND WEAKNESSES?

[illegible]

YOUR FAMILY: Fill in the information about your family				
Member if family:		Standard of Education	Occupation	Employer
Name	Relationship			

DESCRIBE 5 OR MORE CLEAR REASONS WHY YOU WANT TO BE AN ACTUARY

WRITE A PRAGRAPH ABOUT YOURSELF INCLUDING YOUR:

1. Academic achievements
2. Leadership qualities
3. Overall involvement in your community

PROTECTION OF PERSONAL INFORMATION ACT (POPIA)

We, the parents/guardians of / I, the applicant of the SAADP bursary accept that the information provided to SAADP was given voluntarily and that SAADP may:

- Store the data in its files and electronic systems.
- Share with relevant parties documentation via SMS, email, fax, post or hand delivery.
- Generate and share with relevant parties all academic, attendance, behavioral and other programme/bursary-related records.
- Use both the provided and generated data for purposes of providing relevant services to the applicant (including but not limited to; contacting parents, providing him/her with relevant support; updating the alumni register, researching and reporting on the programme's demographics and performance).
- Pass it on to relevant parties where required to do so as part of the programme's reporting and where legally required to do so.

PERMISSION TO USE PHOTOGRAPHS

I understand and acknowledge that, from time to time, informal and formal photographs of the students are taken and that, insofar as these photographs are placed in the possession or control of SAADP, these photographs might be used by SAADP in electronic and printed media, including SAADP website, social media platforms, newspapers, brochures or banners for the purpose of marketing and promoting SAADP.

NB: PARENT(S)/GUARDIAN(S) TO SIGN BELOW ONLY WHERE AN APPLICANT IS UNDER 18 YEARS OF AGE

Please tick or reply YES next to that which applies:

I, the applicant/We, the parent(s)/guardians ☐ GIVE PERMISSION ☐ for the use of my/our child's photographs as per above.
☐ DO NOT GIVE PERMISSION ☐

Applicant's Name and Surname

Parent's/Guardian's name: Signature: Date

HOW DID YOU (THE APPLICANT) HEAR ABOUT BURSARIES OFFERED BY SAADP?

Reply 'YES' where applicable

1	From a visit by a SAADP representative to your school/area.	
2	From a friend.	
3	From an existing SAADP student.	
4	From a pamphlet handed out by a university. Which university?	
	Was is a SAADP pamphlet?	
5	Internet. Which website/social network?	
6	Media. Name of newspaper, radio station etc.	
7	If other, please specify.	

Applicant's Certification Statement

I certify that all information provided as part of this application is true and correct to the best of my knowledge. I give my consent to the South African Actuaries Development Programme to use the information provided herein for the purpose of bursary consideration.

Applicant's Full name and surname Date