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SAIEE BURSARY APPLICATION FORM
Write/type in black only - Closing Date: 30 October
Results must be submitted by 28 February

1. PERSONAL DETAILS

Form with fields for SURNAME, FIRST NAME/S, POSTAL ADDRESS, Mobile number, EMAIL, ID NUMBER, DATE OF BIRTH, CITIZENSHIP, GENDER, RACE, PHYSICAL ADDRESS, ALTERNATIVE TEL NO.

2. DETAILS OF SECONDARY SCHOOL EDUCATION

Table with 3 columns: Highest Standard passed, Subjects, % Marks obtained. Multiple rows for data entry.

NAME OF SCHOOL: _____ YEARS ATTENDED: _____

PHYSICAL ADDRESS OF SCHOOL: _____

6. Please give details of all bursaries, scholarships or educational grants previously held or now hold:

BURSARY OR GRANT	AMOUNT	YEAR 201.....

7. Have you applied for any other bursary, grant, scholarship and are awaiting a reply? If so, specify:

Name of Funding applied for and amount in ZAR.

8. Are you a student member of The South African Institute of Electrical Engineers? _____
(Condition: all successful applicants must become a SAIEE student member)

DECLARATION

I declare that the above particulars are true and correct and I understand that any false or incomplete information may constitute grounds for the rejection of the application/cancellation of the scholarship.

 Name of Applicant:

 Name of Parent or Guardian:

 Signature of applicant

 Signature of parent/guardian if applicant is under 21

DECLARATION BY PARENT OR GUARDIAN

- *This application will not be considered unless this page is completed in full.*
- *All information will be treated as strictly confidential.*
- *Proof of salary must be attached to this application form*

FULL NAME OF PARENT OR GUARDIAN	
ARE YOU A MEMBER OF THE SAIEE?	
WHAT IS THE ANNUAL GROSS INCOME OF BOTH PARENTS IN RANDS	
NAME OF YOUR EMPLOYER	
ADDRESS OF YOUR EMPLOYER	
TELEPHONE CONTACT	
ALTERNATIVE CONTACT NUMBER	
CITIZENSHIP	
PERMANENT RESIDENTIAL ADDRESS	

DEPENDANTS OF PARENTS OR GUARDIAN

No	Name and surname	Occupation (ie. working/scholar/unemployed)	Age
1.			
2.			
3.			
4.			
5.			

SPECIAL CIRCUMSTANCES AS MOTIVATION FOR CONSIDERATION

I request that the following circumstance be taken into consideration:

DECLARATION

I declare that the above particulars are true and correct and I understand that any false or incomplete information may constitute grounds for rejection of the application/cancellation of the scholarship.

SIGNATURE OF PARENT/GUARDIAN

DATE

COMMISSIONER OF OATHS (Signature and Stamp)