

BURSARY APPLICATION FORM 2018

Sugar Industry Trust Fund for Education

PO Box 700, Mount Edgecombe, 4300

Tel: 031 508 7034 Fax: 031 508 7191

www.sasa.org.za/sitfebursaries@sasa.org.za

- 1 Applicants must be either:
- 1.1 Registered or have applied in the **Faculties of Science, Engineering or Agriculture** at a University, University of Technology or College of Agriculture.
- or*
- 1.2 The **children of a sugarcane farm worker** who is registered or has applied for any field of study at a University, University of Technology or College of Agriculture.
- 2 All applications must reach the South African Sugar Association before or on Thursday, **30 November 2017**.
- 3 This application form must be completed in full. **PLEASE REFER TO CHECKLIST**
- 4 Do not attach any original certificates or testimonials, as these cannot be returned.
- 5 We reserve the right to withdraw bursaries awarded to students who accept other full bursaries or loans.
- 6 Shortlisting will be done in January 2018. Shortlisted candidates will be required to attend interviews in January and/or February 2018.
- 7 Initial shortlisting will be based on mid-year results of the current year of study.
- 8 Final selection will be based on your final results of your current year of study.
- 9 If you do not hear from us by **31 January 2018**, please consider your application unsuccessful.

A. PERSONAL DETAILSSURNAME TITLE FIRST NAMES MARITAL STATUS Single Married DATE OF BIRTH IDENTITY NUMBER

NAME OF YOUR TOWN PROVINCE (Please tick your province)

	KwaZulu-Natal province	
	Mpumalanga province	
	Other (specify)	

PLEASE TICK THE COURSE YOU WISH TO STUDY OR ARE STUDYING

Mechanical Engineering		Science (specify major(s))	
Electrical Engineering		Agriculture (specify major(s))	
Chemical Engineering		Other (specify)	

INSTITUTION(S) APPLICANT REGISTERED WITH OR APPLIED TO**CENTRAL APPLICATIONS OFFICE (CAO) NUMBER (If applicable)****YOUR HOME/PHYSICAL ADDRESS****POSTAL ADDRESS**CODE CODE

YOUR CONTACT PHONE NUMBERS 	YOUR CONTACT CELLPHONE NUMBER 																																														
YOUR CONTACT E-MAIL ADDRESS 	ALTERNATIVE E-MAIL ADDRESS 																																														
TELEPHONE NUMBER OF RELATIVE 	CELLPHONE NUMBER OF RELATIVE 																																														
TELEPHONE NUMBER OF A FRIEND 	CELLPHONE NUMBER OF A FRIEND 																																														
DO YOU HAVE ANY RELATIVE WORKING FOR THE SUGAR INDUSTRY (MILLING or FARMING) IF YES, PLEASE ATTACH PROOF (Salary slip or grower code) <table border="1" style="float: right; margin-top: 5px;"> <tr> <td style="width: 50%;">YES</td> <td style="width: 50%;">NO</td> </tr> </table>		YES	NO																																												
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B. CHILD OF SUGARCANE FARM WORKER (If applicable) IS YOUR MOTHER OR FATHER A SUGARCANE FARM WORKER <table border="1" style="float: right; margin-top: 5px;"> <tr> <td style="width: 50%;">YES</td> <td style="width: 50%;">NO</td> </tr> </table>		YES	NO																																												
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WHAT IS THEIR OCCUPATION OF THE FARM																																															
WHAT IS THE NAME OF THE FARM																																															
C. HIGH SCHOOL INFORMATION																																															
NAME OF SCHOOL																																															
TYPE OF CERTIFICATE OBTAINED (if completed grade 12)																																															
GRADE 12 LATEST RESULTS (final results or June results - attach a copy of the statement or school report)																																															
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YEAR OF STUDY IN 2018	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">1ST YEAR</td> <td style="width: 25%;"></td> <td style="width: 25%;">2ND YEAR</td> <td style="width: 25%;"></td> </tr> <tr> <td>3RD YEAR</td> <td></td> <td>4TH YEAR</td> <td></td> </tr> </table>	1ST YEAR		2ND YEAR		3RD YEAR		4TH YEAR																																							
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NAME OF THE FACULTY		
CONTACT DETAILS FOR FACULTY		
IF CURRENTLY REGISTERED, PLEASE SPECIFY COURSES (Also attach full academic record)		
1	6	
2	7	
3	8	
4	9	
5	10	
ARE YOU CURRENTLY A BENEFICIARY OF ANY GRANT OR BURSARY?		
	☐ YES	☐ NO
IF YES, PLEASE STATE THE NAME OF THE FUNDER		
OBLIGATIONS AND CONDITIONS OF THE EXISTING GRANT OR BURSARY		
E. FAMILY		
DETAILS OF PARENTS (If deceased, please attach copy of death certificate)		
NAME & SURNAME OF YOUR MOTHER		
IDENTITY NUMBER OF YOUR MOTHER		
TELEPHONE NUMBER		
NAME OF EMPLOYER		
ANNUAL SALARY (attach proof of income)		
OCCUPATION		
NAME & SURNAME OF YOUR FATHER		
IDENTITY NUMBER OF YOUR FATHER		
TELEPHONE NUMBER		
NAME OF EMPLOYER		
ANNUAL SALARY (attach proof of income)		
OCCUPATION		
DETAILS OF LEGAL GUARDIAN (To be completed by applicants living or supported by a guardian)		
NAME & SURNAME OF YOUR GUARDIAN		
TELEPHONE NUMBER		
NAME OF EMPLOYER		
ANNUAL SALARY (attach proof of income)		
OCCUPATION		
JOINT INCOME OF PARENTS OR GUARDIAN (Application based on "need" will not be considered unless proof of income is attached)		
		up to R20 000 per annum
		up to R40 000 per annum
		up to R60 000 per annum
		up to R80 000 per annum
		up to R100 000 per annum
		up to R200 000 per annum
		up to R300 000 per annum
		above R400 000 per annum

OTHER FAMILY MEMBERS**DO YOU HAVE SISTERS AND BROTHERS?**

YES

NO

HOW MANY DO YOU HAVE?**HOW MANY ARE STILL IN SCHOOL?****F. ADDITIONAL INFORMATION****Give details of any activity/project (academic or community work) in which you have done well at school and/or in the community****Have you ever visited a sugar cane farm or sugar mill. If yes, please give details of where, when and what your experience was like.****Have you had a part time job**

YES

NO

If yes, please describe your duties and state the name of the company**Have you been involved with any of the SITFE project partners (Please tick)**

Midlands Community College

CASME

PROTEC

TREE

MiET Africa

TUT Engineering Stepping
Initiative**G. YOUR APPLICATION WILL NOT BE CONSIDERED UNLESS THE INFORMATION DETAILED BELOW IS ATTACHED**

- 1 Latest school progress report, final Grade 12 Statement of Results (if available) **OR** tertiary exam results if already registered at an institution
- 2 Documentation providing proof of sugar industry connection, if connected
- 3 Proof of family income (payslip, pension receipts, affidavit detailing income or unemployment)
- 4 Death certificate if a parent is deceased
- 5 Certified copy of your identity document
- 6 Confirmation of application / registration at an University, University of Technology or College of Agriculture.

I hereby declare that the information contained in this application form is true and correct. In the event of assistance being granted, I am prepared to enter into the required agreement with SITFE in terms of the rules of SITFE bursary scheme.

Date**Applicant's signature****Guardian's signature****(If applicant under 18 yrs)**

BURSARY APPLICATION CHECKLIST
Sugar Industry Trust Fund for Education
PO Box 700, Mount Edgecombe, 4300
Tel: 031 508 7034 Fax: 031 508 7191
www.sasa.org.za/sitfe
bursaries@sasa.org.za



Please ensure you have completed the application form and attached the following documents:

✓ Tick

☐	Bursary application form is complete
☐	Full academic record to date or school progress report
☐	Final Grade 12 Statement of Results OR year end results if already registered at an Institution.
☐	Documentation providing proof of sugar industry connection, if connected
☐	Proof of family income (payslip, pension receipts, affidavit detailing income or unemployment)
☐	Death certificate if a parent is deceased
☐	Certified copy of your South African identity document
☐	Confirmation of application / registration at an University, University of Technology or College of Agriculture.

Applicant's signature