

# Student Bursary Application Form

## PERSONAL DETAILS

TITLE	<input type="text"/>	INITIALS	<input type="text"/>
FIRST NAME/S	<input type="text"/>		
SURNAME	<input type="text"/>		
PREFERRED NAME/S	<input type="text"/>		
SPECIFY ANY DISABILITY	<input type="text"/>		
RACE (FOR EQUITY PURPOSES)	<input type="text"/>	GENDER	<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE
ID NUMBER	<input type="text"/>	DATE OF BIRTH	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
			D D M M Y Y Y Y
RESIDENTIAL ADDRESS	<input type="text"/>		
	<input type="text"/>		POSTAL CODE <input type="text"/>
POSTAL ADDRESS	<input type="text"/>		
	<input type="text"/>		POSTAL CODE <input type="text"/>
CELLPHONE NUMBER	<input type="text"/> - <input type="text"/>	TELEPHONE (HOME)	<input type="text"/> - <input type="text"/>
E-MAIL ADDRESS	<input type="text"/>		

## FAMILY INFORMATION

NUMBER OF SIBLINGS	<input type="text"/>
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## PARENT INFORMATION

FATHER'S FIRST NAME/S	<input type="text"/>		
FATHER'S SURNAME	<input type="text"/>		
FATHER'S OCCUPATION	<input type="text"/>		
CELLPHONE NUMBER	<input type="text"/> - <input type="text"/>	TELEPHONE (HOME)	<input type="text"/> - <input type="text"/>

MOTHER'S FIRST NAME/S	<input type="text"/>		
MOTHER'S SURNAME	<input type="text"/>		
MOTHER'S OCCUPATION	<input type="text"/>		
CELLPHONE NUMBER	<input type="text"/> - <input type="text"/>	TELEPHONE (HOME)	<input type="text"/> - <input type="text"/>

RESIDENTIAL ADDRESS	<input type="text"/>		
	<input type="text"/>		POSTAL CODE <input type="text"/>



**GUARDIAN INFORMATION**

GUARDIAN'S FIRST NAME/S

GUARDIAN'S SURNAME

GUARDIAN'S OCCUPATION

CELLPHONE NUMBER

TELEPHONE  
(HOME)

RESIDENTIAL ADDRESS

POSTAL CODE

**SECONDARY EDUCATION DETAILS**

Please provide us with details of the last school(s) that you attended, including a list of the most recent subjects studied, as well as the grades and symbols that you achieved. Applicant must have obtained at least 70% average on all subjects and Mathematics (not Mathematical Literacy) must be inclusive of the subjects done. **Please attach a certified copy of your latest results.**

NAME OF SCHOOL

YEAR MATRICULATED

Subjects	Grade	Symbol
	%	
	%	
	%	
	%	
	%	
	%	
	%	

**TERTIARY EDUCATION DETAILS**

YEAR OF STUDY

UNIVERSITY/COLLEGE NAME

QUALIFICATION (BA, BCOM ETC)

CURRENT LEVEL OF STUDY

Subjects	Symbol



## OTHER INFORMATION

## DECLARATION

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
 SIGNED AT \_\_\_\_\_

FOR OFFICE USE

$$\begin{array}{|c|c|} \hline & \\ \hline D & D \\ \hline \end{array} - \begin{array}{|c|c|} \hline & \\ \hline M & M \\ \hline \end{array} - \begin{array}{|c|c|c|c|} \hline & & & \\ \hline Y & Y & Y & Y \\ \hline \end{array}$$

☐ YES ☐ NO