



Dr R L Straszacker

SCHOLARSHIP FOR CHILDREN OF ESKOM EMPLOYEES

TECHNIKON STUDIES

APPLICATION FORM

To: The Student Development Manager
Dr R L Straszacker Scholarship Scheme
Eskom
P O Box 1091, Johannesburg 2000

NOTE:

This information is essential for processing the application. Incomplete forms will be rejected. PENSIONERS must supply information as at retirement date.

Name of Applicant (employee) _____

E-mail address _____

Current Designation _____

Current Mangrade _____ Unique Number _____

Department (BU) _____ BU Code _____

Date of Appointment _____

Signature of applicant (employee)

Date

Please read the scholarship conditions of the Dr R L Straszacker scholarship scheme available from your human resources department before completing this application form. Application must be mailed to above address. This form must please NOT be used for the annual renewal of existing scholarships.

Note: Please print clearly. Where blocks are provided, mark X in the appropriate block.

CONFIDENTIAL

1 Details of applicant (Eskom employee)

1.1 Surname Mr/Miss/Ms

1.2 First names

1.3 Postal address

Postal Code

1.4 Residential address

Postal Code

1.5 Code

Telephone Home

1.6 Code

Telephone Work

1.7 Cellphone Number

1.8 Marital Status

1.9 Place of birth

1.10 Relationship to student

1.11 Department/BU

1.12 Current designation

1.13 Date of appointment

1.14 Unique Number

1.15 Years of continuous, unbroken service with Eskom (excluding any periods of condoned service)

1.16 Was any previous service condoned?

1.17 Are you a citizen of the Republic of South Africa? Yes ☐ No ☐

2 Personal details of student

2.1 Surname

2.2 First names

2.3 Name known by

2.4 Sex Male ☐ Female ☐

2.5 Age

2.6 Date of birth

2.7 Identity Number

2.8 Marital status

2.9 Are you a citizen of Republic of South Africa? Yes ☐ No ☐

3 High school particulars

SECTION A- REPLY TO THIS SECTION IF THE STUDENT IS STILL AT SCHOOL

3.1 High school/College:

3.2 Town/City

3.3 Present Grade

- NOTE: A COPY OF THE STUDENT'S GRADE 11 REPORT MUST BE ATTACHED TO THIS APPLICATION FORM.

SECTION B –REPLY TO THIS SECTION IF THE STUDENT HAS ALREADY COMPLETED MATRIC OR EQUIVALENT.

3.4 High School/College attended

3.5 Town/City

3.6 Matriculation year

Matric subjects	Percentage/Symbol	Indicate whether higher or standard grade

*NOTE: A PHOTOSTATIC OR CERTIFIED COPY OF THE STUDENT'S MATRICULATION CERTIFICATE SHOWING SUBJECTS AND SYMBOLS MUST BE ATTACHED TO THIS FORM.

4 Proposed technikon studies

SPECIFY THE TECHNIKON WHICH THE STUDENT WISHES TO ATTEND AND DETAILS OF THE DIPLOMA FOR WHICH THE STUDENT INTENDS TO READ:

4.1 Name of technikon

4.2 Diploma course (give details)

4.3 Duration of course

4.4 Study year next year (e.g. 1st, 2nd, S1, S2)

5 Technikon performance

(To be completed only in respect of students who are at present at technikon or who have attended a technikon in the past)

5.1 Technikon attended

5.2 Diploma Course

5.3 Academic year of study (e.g. 1st, 2nd, etc)

5.4 In what year (according to 5.3) (e.g. 2000, 2001, etc)

NOTE: THE YEAR-END OFFICIAL EXAMINATION RESULTS OF A STUDENT WHO IS AT TECHNIKON THIS YEAR MUST BE FORWARDED BY THE APPLICANT TO THE STUDENT DEVELOPMENT MANAGER WITHIN ONE WEEK OF THE PUBLICATION OF RESULTS. PREVIOUS RESULTS MUST BE ATTACHED TO THIS APPLICATION FORM.

6 Previous application or awards

6.1 Have you previously been awarded a scholarship for any child?

Dr H J van der Bijl Scholarship Yes ☐ No ☐ Dr R L Straszacker Scholarship Yes ☐ No ☐

6.2 If the answer to item 6.1 is "yes", was this the first or second scholarship granted to you?

(not renewals of existing bursary)

Dr H J van der Bijl Scholarship	<input type="checkbox"/> 1st	Dr R L Straszacker Scholarship	<input type="checkbox"/> 1st
	<input type="checkbox"/> 2nd		<input type="checkbox"/> 2nd

6.3 If the answer to item 6.1 is "yes", state the course and last year study completed by the student.

Dr H J van der Bijl Scholarship

Course: _____ Year: _____

Dr R L Straszacker Scholarship

Course: _____ Year: _____

APPLICATIONS RECEIVED BY THE STUDENT DEVELOPMENT MANAGER AFTER 31 JULY OF EACH YEAR WILL NOT CONSIDERED

NOTE: Any false information submitted by an applicant will result in immediate disqualification from the scholarship scheme.

Signature of applicant (employee)

Date

