



Bursary Application Form

Diploma or Degree

Applicant's Names:

.....

Please tick the appropriate box below!

Unemployed

☐

Employed

☐

higher education
& training
Department:
Higher Education and Training
REPUBLIC OF SOUTH AFRICA

APPLICATION FORM FOR BURSARY

PERSONAL INFORMATION			
Surname:			
First Names:			
Preferred Name:			
Date of Birth: (dd/mm/yy)			
Identity Number:			
Gender:			
Population Group (Black, Indian, White & Coloured)			
Disability			
Home language			
Marital Status			
Home Address:			Code: <input type="text"/>
Home Tel Number:	Cell Number:		
Email Address:	Fax Number:		
Employed (please tick appropriate box)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Name of Employer (if applicable)			
Employer Physical Address (if applicable):			Code: <input type="text"/>
Employer Tel Number (if applicable):			

EDUCATION QUALIFICATIONS	
SCHOOL EDUCATION	Name of School:
	Highest Qualification:
	NQF Level:
	Year obtained:
POST SCHOOL EDUCATION	Name of institution:
	Highest Qualification:
	NQF Level:
	Year obtained:
PARTICULARS OF PROPOSED STUDY	Name of Institution:
	Institution Address:
	Campus (e.g. UJ Soweto Campus):
	Student Number (if applicable):
	Intended Qualification : Degree <input type="checkbox"/> Diploma <input type="checkbox"/> (tick appropriate box)
	Intended field of Study (e.g Bcom):
	Course of Study (Financial Accounting):
	Year of Study (e.g 2013):
	Year to complete studies (e.g 2016):
	Number of years of study (e.g 3 years):

DECLARATION

I, in my capacity as applicant, declare that the above particulars are complete and correct to the best of my knowledge.

Signature of applicant

Date

1. _____
Witness signature

Date

2. _____
Witness signature

Date

Important: Please attach the following documents

1. Certified Copy of your I.D. Document
2. Certified Copy of Matric Certificate or Equivalent
3. Certified Copies of W&RSETA NQF 4 or NQF 5 certificates
4. Curriculum Vitae (CV) with contact details
5. Proof of University admission
6. Proof of university registration, if applicable

Please note that incomplete application and no attachment of the above documents in submission could disqualify your application.

Please send application with documents to: P.O.Box 9809, Centurion, 0046 OR email to: sbp@wrseta.org.za

FOR OFFICE USE ONLY

APPLICATION NO.: _____

APPLICATION REVIEW DATE _____

DATE RECEIVED: _____

ACCEPTED: YES ☐ No ☐

NOTIFICATION DATE: _____