

# East Rand Water Care Company



## APPLICATION FOR BURSARY

**Important:** Not all who apply are interviewed. Please complete this form as thoroughly as possible as this is our only indication of your potential at this stage.  
Closing date strictly 27<sup>th</sup> October.

**Surname**

**Mr/Miss/Ms**

**First names**

**Intended field of study**

**Major subjects** (eg Business Economics and Economics)

**University or Technikon you wish to attend**

**Study year next year** (eg 1<sup>st</sup> or 2<sup>nd</sup> Year)

**Present postal address**

Postal Code

**Tel: Code**

**No.**

**Permanent postal address**

Postal Code

**Tel: Code**

**No.**

**Permanent home address**

**Tel: Code**

**No.**



<b>4 Interests and hobbies</b>	
Give details of sporting activities, group activities and hobbies with position attained (if any)	
<b>4.1 Sport</b>	
<b>4.2 Outstanding achievements</b>	
<b>4.3 Cultural activities</b> (egg. Youth society, private clubs, etc.)	
<b>4.4 Hobbies</b> (egg. Photography, electronics, etc.)	
<b>5 Relative in Erwat service</b>	
<b>5.1 Name</b>	
<b>5.2 Relationship</b>	
<b>6.3 Where employed</b>	
<b>5.4 Position</b>	
<b>5.5 Tel:Code</b>	<b>Work No</b>
<b>6 Particulars of parent or guardian</b>	
<b>6.1 Name</b>	
<b>6.2 Relationship</b>	
<b>6.3 Occupation</b>	
<b>6.4 Employer</b>	
<b>6.5 Business address</b>	
Postal code	
<b>6.6 Business tel: Code</b>	<b>Tel: No</b>
<b>7 General</b>	
<b>7.1 Condition of health</b> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/>	
<b>7.2 Do you have a valid drivers licence?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> <b>State class of vehicle</b>	
<b>7.3 Have you applied for or do you intend applying for another bursary?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>If so, give details</b>	

<b>7.4 Applications in response to</b>			
Advertisement	<input type="checkbox"/>	Newspaper and date	<input type="checkbox"/>
Recommended	<input type="checkbox"/>	By	<input type="checkbox"/>
Careers exhibition	<input type="checkbox"/>	Venue and date	<input type="checkbox"/>
School/university	<input type="checkbox"/>	Name	<input type="checkbox"/> Town/City <input type="checkbox"/>
Other (specify)	<input type="checkbox"/>		
<b>7.5 Describe in your own words why you have chosen this of study and career.</b>			
<b>I declare that the above particulars are true and correct and understand that any false or incomplete</b>			
<b>Information may constitute grounds to cancel immediately.</b>			
<b>Signature of applicant</b>		<b>Date</b>	
<b>Signature of parent or guardian if applicant is minor</b>		<b>Date</b>	
<b>NB 1. Responsibility for return of original documents or their loss cannot be accepted.</b>			