

BURSARY APPLICATION

Information Sheet

RETURN APPLICATION FORM TO:

janice.adams@mxns.com (CPT) / linda.hombarume@mxns.com (JHB)
 Return by: DD/MM/YYYY

IMPORTANT INFORMATION

ELIGIBILITY

- Only South African citizens are eligible.

APPLICATIONS

- Applications may be made for a University OR University of Technology. Applications for private institutions or FET Colleges are not accepted.
- In view of large numbers of applications, only successful candidates will be notified.

AWARDS

- Awards are variable and cover a percentage of the cost of tuition and books.
- Bursary funds are paid directly to tertiary institutions.

IMPORTANT DOCUMENTS TO INCLUDE WITH YOUR APPLICATION

Please send [certified copies](#) of documents 1, 2 and 3.

- | | |
|---|--|
| <ol style="list-style-type: none"> 1. Identity Document (ID) 2. Final School Certificate (if available – new applicants only) 3. Latest results from school or tertiary institution (if finals not available) 4. Documentary evidence from all income earners in your home (see Section B) 5. Department of Labour Declaration by Employee 6. Proof of Registration | <i>Check</i>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/> |
|---|--|

SECTION A: PERSONAL INFORMATION – TO BE COMPLETED BY ALL APPLICANTS

	DD	MM	YYYY
Place of Birth	Date of Birth		

Title	Mr	Mrs	Ms										
Surname				ID Number									
First Names (in full)				Telephone/Home Contact									
				Cell Phone									

SECTION F: CONTACTABLE REFERENCE - TO BE COMPLETED BY ALL APPLICANTS

Give details of one person (except your School Principal) who knows you well and can be contacted for a reference.

Name and title (Mr. / Mrs. / Ms)														
Occupation														
Address										Telephone				
Code										Cell Phone				

SECTION H: DECLARATION - TO BE COMPLETED BY ALL APPLICANTS

I hereby declare that the information given in this application is correct. I understand that if the information is found to be incorrect and does not comply with the conditions of ASSET, the support may be discontinued with immediate effect and legal action may be instituted.

Signature of Applicant	
Assisted by Parent/Guardian (if applicant is under 18)	
Signature of Parent/Guardian	
Date:	



DECLARATION BY EMPLOYEE
(Confidential)

PLEASE READ THIS FIRST



PURPOSE OF THIS FORM

This form is used to obtain information from employees for the purpose of assisting employers in conducting an analysis on the workforce profile. Employers should use this form to ascertain which employees are from designated groups in terms of the Employment Equity Act, 55 of 1998, as amended.

WHO COMPLETES THIS FORM?

Employees should fill in this form.

INSTRUCTIONS

All employers must ensure that the contents of this form remain confidential, and that it is only used to comply with the Employment Equity Act, 55 of 1998, as amended.

PLEASE NOTE:

'Designated groups', mean black people, women and people with disabilities who-

- a) Are citizens of the Republic of South Africa by birth or descent; or
- b) Became citizens of the Republic of South Africa by naturalization –
 - (i) before 27 April 1994; or
 - (ii) after 26 April 1994 and would have been entitled to acquire citizenship by naturalisation prior to that date but who were precluded by Apartheid policies

'People with disabilities' are defined in the Act as people who have a long-term or recurring physical or mental impairment, which substantially limits their prospects of entry into, or advancement in employment.

*Please note that people with disabilities have the right not to disclose their disability, unless it is in line with the inherent requirements of the job.

1. Name of employee: _____

2. Employee workplace No: _____
(This is the number that an employer/company/organisation uses to identify an employee in the workplace.)

3. Please indicate to which categories you belong with an 'X' below:

Male	Female
X	

African	Coloured	Indian	White
X			

Foreign Nationals

If you are not a citizen by birth, please indicate the date you acquired your citizenship: _____

Person with a disability*

If yes, specify nature of disability: _____

4. I verify that the above information is true and correct:

Signed: _____
 Employee

Date: _____