

## **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.

- 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

#### SECTION A: PERSONAL INFORMATION - TO BE COMPLETED BY ALL APPLICANTS

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Place of Birth									Dat	e c	of B	irt	า									
Title	Mr	Mrs	Ms	]																		
Surname	1		1			IC	N	um	be	r												
First Names (ir	n full)					Т	ele	pho	one	/H	om	e (	Col	nta	ct							
						С	ell	Pho	one	;												

Check



### Office Use Only

Home Address	<b>Postal Address</b> (if different from Home Address)
Code Code	
Email Address	

#### SECTION B: FAMILY DETAILS - TO BE COMPLETED BY ALL APPLICANTS

Write on the back of this page if you need to give any other details not covered in this section.

How many people live in your house, including yourself?				
No. of learners in family still at school (Grade R – Grade 12), including yourself				
No. of students in family studying at University or other Tertiary Institution, including yourself				
Name of Parent(s)	or Name of Guardian			

#### FAMILY INCOME -Confidential

List below all the people in your family/household who receive an income.

	1	2	<u> </u>		
				Occupation	
Surname	Initials			(including self- employment)	Monthly Income

NB: Send <u>copies only</u>, (not originals) of pay slips, or pension advice. If any working person does not get a pay slip, they should get a sworn statement (an affidavit) from the nearest police station stating how much that person earns.

#### SECTION C: SCHOOL DETAILS

TO BE COMPLETED BY APPLICANTS WHO ARE WRITING SENIOR CERTIFICATE THIS YEAR AND THOSE WHO HAVE PREVIOUSLY WRITTEN BUT HAVE NOT YET ATTENDED A TERTIARY INSTITUTION Name of school

What year did you write your Senior Certificate?

#### SECTION D: PLANS FOR STUDIES NEXT YEAR

Name of institution where you are studying/intend to study:	
Student Number	
What Degree/Diploma/Certificate Course are you studying? (Write out in full e.g. BSc Engineering, ND Information Technology, NHC Accounting)	



Length of Course? (Check the relevant box)	1	2	3	4	5	6
Why have you chosen this Degree/Diplor have completed it?	na/Certifica	ate Cours	e and what	do you int	end doing	g when you

#### SECTION E: ADDITIONAL BURSARIES/LOANS

Were you a last year?	present year or YES	NO		
lf yes, com	plete the following:			
Year	By whom granted	Value	Loan or Bursary	



#### 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
	Cell Phone
Code	

#### 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:	



Department: Labour REPUBLIC OF SOUTH AFRICA

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# 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. N	lame	of	emp	loyee:
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- 3. Please indicate to which categories you belong with an '**X**' below:

Male	Female

Foreign Nationals

African	Coloured	Indian	White

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: