

Bursary Department

APPLICATION FORM FOR
UNIVERSITY, UNIVERSITY OF TECHNOLOGY,
FURTHER EDUCATION COLLEGE OR AGRICULTURAL COLLEGE
BURSARY

Please return this form by **October 31st** to:
The Bursary Department
South African Institute of Race Relations
P O Box 32597, BRAAMFONTEIN. 2017

PLEASE WRITE CLEARLY IN BLOCK CAPITALS and READ THE ACCOMPANYING LETTER CAREFULLY BEFORE COMPLETING THIS FORM. ENSURE THAT ALL QUESTIONS ARE FILLED IN.

SECTION A – PERSONAL AND HOME DETAILS

Surname: _____ Title: (Mr/Mrs/Ms) _____

First Names: _____ Marital Status: (Single/Married) _____ Race: _____

Citizenship: (SA/Other) _____ Date of Birth: _____

ID Number														
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Home Address: _____

Post Code: _____ Contact number: _____ Is this Urban/Rural? _____

Address to which correspondence should be sent: _____

Post Code: _____ Alternative contact number: _____ E-mail address: _____

SECTION B – ACADEMIC DETAILS, SCHOOL AND UNIVERSITY

Please attach a certified copy of your latest June results, to be followed by your December results, as soon as you receive them

Name of Institution enrolled with this year: _____ Student number: _____

Current course of study: _____

Date of first registration for this course: _____ Estimated completion date: _____

School subjects or University courses	Symbol

School subjects or University courses	Symbol

Type of Institution you intend enrolling with next year? *Tick appropriate field:*

	University	University of Technology	FET College	Agricultural College
Matric to:				
Already at:				

Proposed course of study next year: _____

Name of institution: _____ Estimated completion date: _____

What career do you intend following on completion of your studies: _____

SECTION C – FAMILY AND FINANCIAL DETAILS

DECLARATION OF FINANCIAL POSITION

To be completed by the parent (unless deceased), guardian, or person on whom the applicant is dependent for financial support or assistance (if guardian, please state relationship to applicant).

This application will not be considered unless this declaration has been fully completed, sworn to and signed in the presence of a Commissioner of Oaths (e.g. minister of religion, postmaster, senior police officer).

Documents to be submitted with the application form:

- Recent pay-slip **of breadwinner**
- Certified copy of balance sheet **if breadwinner is self-employed**

(An unemployed parent/guardian/husband/wife should indicate "unemployed" on the declaration and **submit an affidavit**)

If there is no one in the family who is formally employed, state where the family income is derived from (e.g. hawking, seasonal employment etc).

Full name of applicant:

Name of person on whom applicant is dependent for support:

Relationship to applicant:

Age:

Occupation of responsible adult:

Full name and address of employer, or of own business:

Post Code:

Telephone number:

INCOME STATEMENT:

Gross monthly income of Father/guardian

Gross monthly income of Mother/wife/husband

Pension received (per month, if any)

Other monthly income (e.g. maintenance, rent from property, etc)

Total monthly income

THE SECTION BELOW MUST BE SWORN TO AND SIGNED IN THE PRESENCE OF A COMMISSIONER OF OATHS:

Signature of Parent/Guardian/Wife/Husband:

Date:

I certify that the deponent has acknowledged that he/she knows and understands the contents of this affidavit/declaration, which was sworn to before me

at: _____ on this: _____ day of: _____ (month) 20 _____

Commissioner of Oaths (please print name):

Signature:

Official Stamp:

SECTION D – FURTHER PERSONAL DETAILS

IF YOU HAVE ALREADY MATRICULATED, WHAT HAVE YOU BEEN DOING SINCE YOU LEFT SCHOOL?

Name of school:

Year:

Province:

What will your total costs be next year?:

Fees: R _____
Accommodation: R _____
Travel: R _____
Books/Stationery R _____
Living expenses R _____
Total monthly costs: R _____

State the minimum value of the bursary you require:

R _____

REMEMBER: If you can manage with less, you can help us help another student !

A COMMISSIONER OF OATHS MUST COMPLETE THE SECTION BELOW:

The applicant (insert full names)

I.D. Number														
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has attached a certified copy of his/her identity document

Commissioner of Oaths (please print name):

Signature:

Official Stamp:

Date:

