

BURSARY APPLICATION FORM PROSPECTIVE EMPLOYEE (POSTGRADUATE)

	ments	included	d)			
Т						
	PI	ace of B	Birth:			
	R	esidenti	al Address:			
TE FOR WHICH YOU W	/ISH T	O REC	EIVE THE BURS	ARY: (attach course outline)		
OURS STUDY		MAST	TERS STUDY	DOCTORAL STUDY		
	Insti	tution:				
	Con	pletion	of Studies:			
econd Year		Third year		Fourth Year		
			-			
				Control Control Control		
L: R	TOT	AL: R		TOTAL: R		
Registration	:					
LAGITITIATION						
Books	:					
Accommodation	:					
		Yes	Van likat	which institution)		
, h	NOURS STUDY NOURS STUDY AL: R Registration Total for Subjects	AL: R Registration Total for Subjects TI Pi Relation (Attachments Pi	he Learning Centre. (Attachments included T Place of E Residenti Institution: Completion AL: R Registration Total for Subjects Total for Subjects T Place of E Residenti Total for Subjects Total for Subjects Place of E Residenti Total for Subjects Total for Subjects	he Learning Centre. (Attachments included) Place of Birth: Residential Address: DITE FOR WHICH YOU WISH TO RECEIVE THE BURS NOURS STUDY MASTERS STUDY Institution: Completion of Studies: Third year Registration Total for Subjects Total for Subjects IT Starting Centre. (Attachments included) Place of Birth: Residential Address: Third year Third year		

C. EDUCATIONAL QUALIFICATIONS

Degree/Diploma	First registration Year obtained (year)		Full time/part time	Name of the Institution	
ou are not currently en	rolled at an educational ins	stitution, please indicate w	hat you are doing at prese	nt	
ou are not currently en	rolled at an educational ins	stitution, please indicate w	hat you are doing at prese	nt	

I recommend the approval of this application (Please wr	ite a short motivation):				
DEAN OF FACULTY: (only signs for short listed candidates)					
Name:Signature:	Date:				
Contact Telephone Number:					
D. DETAILS ABOUT PARENTS/ GUARDIAN/ NEXT OF SH	KIN (mother, father, brother or sister)				
Title: Names:					
Surname:					
Initials:					
Identity number					
Relationship					
	Other, Specify				
Postal Address	Residential Address				
Postcode	Postcode				
Cell no					
Tel.no. (h)	Code				
Tel. no. (w)	Code				
Fax. No	Code				
E-mail:					

LEARNING CENTRE		
Name: Signature:	Date:	
Supported / Not Supported.		
E. CHECKLIST		
Please indicate whether the following documents are attached to this application:		
DOCUMENTS	YES	NO
Detailed Curriculum Vitae	2 ,	
Certified copies of all academic results (including matric certificate)		
Certified copy of ID document		
4. Payslip of parent (main breadwinner)		
5. Course outline		
6. Proof of Admission by University		
7. 150 word essay – why you should be considered		
8. 300 word essay – why thesis/area of study is relevant for Government		
F. DECLARATION	1	
I certify that the information supplied in this application is correct and that, if I am awarded a bursa applicable.	ary, I will abide the	regulation
Signature of applicant Date		
If still a minor, signature of aren't/guardian		*****