

The Foundation for Pharmaceutical Education

Application 2020

The Pharmaceutical Society of South Africa

Student details

Surname: Title:

First name: Race:

University: 2020 Year of study:

Student number:

South African ID no.

Physical address:

City:

Province: Postal Code:

Postal address:

Postal Code:

Contact numbers:
Home: Cellphone:

Other:

Relationship: _____ Relationship: _____

Email address:

Are you a member of your university's Pharmacy Student Association?

Are you a PSSA member?

Office use only

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INSTRUCTIONS

1. Read carefully before completing, signing or submitting this form.
2. Ensure that this form is completed in full, and that all relevant documentation is attached as incomplete applications will NOT be considered.
3. Complete in BLOCK LETTERS.
4. Do not attach original documents. Attach certified copies only.
5. Note that this bursary cannot be used to pay for existing loans or debts.
6. The decision of the Committee is final and no correspondence will be entered into concerning its decisions.

WHO MAY APPLY?

- Only pharmacy students (BPharm) already studying, i.e. entering 2nd, 3rd or 4th year
- No Grade 12 applications will be considered
- **Only South African citizens who are PSSA student members**

FOR HOW LONG?

- Only one academic year at a time
- Recipients of bursaries must submit a new application each year for renewal of bursaries

GENERAL

- **Closing date – 21 October 2019 (applications can be hand delivered or sent via post or courier)**
- Attach a **certified copy** of a valid South African identity document – **must be clear**
- Attach a **copy of all academic results, these must include previous years if applicable; if not possible a declaration of why not should be included**
- Letter of motivation from one of your pharmacy lecturers
- Where applicable, special conditions of the sponsor will be communicated to the recipient
- Please ensure that you complete the checklist on page 7

THE FINANCIAL DECLARATION

- The declaration must be signed by you and either your parent, guardian or the person you depend on for financial support
- You must be full and frank in your disclosure about your family's anticipated income in the Financial Declaration
- Provide a **certified copy** of income of the person(s) that you depend on for financial support:
 - Employed in formal sector – recent pay slip
 - Self-employed – a balance sheet
 - Employed in informal sector – affidavit
 - Pensioner – affidavit or income tax assessment to show income from interest
- Failure to include this documentation will invalidate your application
- **You are obliged to declare any income-producing activity**
- All information provided in the Financial Declaration will be treated in strictest confidence

CONSIDERATIONS

All relevant information will be taken into consideration during the allocations, including:

- Financial circumstances of the applicant
- **Academic achievement** – all subjects must be passed at mid-year – **minimum 60% average** overall
- Dependants of the supporter still studying – tertiary institutions, scholars
- Other financial assistance – bursaries, loans etc.
- Special circumstances
- Sponsor specific criteria

Please provide necessary documentation as listed in the Terms and Conditions

1. Family background and source of income (include state/pension grants)

Person	Full name	ID	Occupation	Gross Monthly Income (R) (before tax)	Nett Monthly Income (R) (after deductions)	Other income (e.g. rent) (R)
Father						
Mother						
Applicant (self supporting)						
Guardian / financial supporter						
Total Income				R	R	R

Fixed property/Assets

If no income is earned state how you are paying for living expenses:

Assets	Market Value (R)	Outstanding Amount (R)
1.		
2.		
3.		
4.		
Total	R	R

2. Dependants (excluding the applicant)

Full name	Relationship to parent/guardian	Age	Type of Institution (please mark with X)		Name of Institution
			Pre-School	School	
1.			University/College	Disabled/Other	
			Pre-School	School	
2.			University/College	Disabled/Other	
			Pre-School	School	
3.			University/College	Disabled/Other	
			Pre-School	School	
4.			University/College	Disabled/Other	
			Pre-School	School	
5.			University/College	Disabled/Other	
			Pre-School	School	
6.			University/College	Disabled/Other	
			Pre-School	School	

3. Other Financial Assistance (please indicate (X) whether the loan/bursary has already been awarded or if a decision is still pending)

Loans (repayable)					Bursaries (not repayable)				
Institution	Value(R)	Year	Awarded	Pending	Institution	Value(R)	Year	Awarded	Pending
1.					1.				
2.					2.				
3.					3.				
4.					4.				

(a) Please indicate your anticipated expenses:

Expenses	Value (R)
1. Tuition	
2. Accommodation	
3. Books	
4. Travelling	
5.	
6.	
Total	R

(b) Please indicate to which extent your parents/guardian/financial supporter can contribute towards your expenses:

Expenses	Value (R)
1.	
2.	
3.	
4.	
Total	R

(c) Are you prepared to work to contribute towards your expenses (self-supporting, holiday work, after-hours work)?

Sources	Value (R)
1.	
2.	
3.	
Total	R

ALLOCATION OF BURSARIES

- The individual sponsors have the right to allocate the bursary themselves, or give the Foundation the mandate to allocate their funds on their behalf according to agreed upon criteria.
- The decision of the Foundation or the sponsor is final and no correspondence will be entered into.
- Should the recipient of a bursary discontinue his/her studies for any reason during the year of the award, the award becomes repayable immediately in such manner as the Foundation may decide.
- Should the recipient of a bursary fail his/her academic year for any reason during the year of the award, the award may, on discretion of the sponsor, become repayable immediately.
- The bursary payments are paid directly to the respective Universities.
- At no stage will any bursary be paid into a personal bank account or handed over in cash.
- After the deduction of all fees payable to the University and other legitimate expenses, the University / student may contact the FPE administrator to ask that any balance remaining be paid over to the recipient.
- If the recipient of an FPE administered bursary (to the value of R10 000 or more) receives another bursary, then the recipient must inform the Foundation immediately in writing, what the other bursary entails. The Foundation will then re-evaluate the extent to which your financial position has changed, and then in consultation with the sponsor of the FPE bursary, make a decision on whether the allocation will be continued or withdrawn. The Foundation, with permission of the sponsor, reserves their right to do so.

FPE Application – Affidavit

To be signed by the applicant and the parent/guardian/ financial supporter of the applicant in the presence of a Commissioner of oaths/Justice of the Peace (dates of both signatories must be the same date)

I, _____, am the applicant. The details supplied are true and correct. I understand and fully agree with the contents of the Terms and Conditions as specified on pages 2 and 6.

Signature of the applicant: _____

Signature or thumbprint of parent/guardian/financial supporter: _____

Date: _____

ID no. of applicant:

Commissioner of Oaths/Justice of the Peace

I certify that the deponent has acknowledged that he/she knows and understands the contents of this declaration which was sworn before me on _____ at _____
Commissioner of Oaths/Justice of the Peace: _____

The official stamp must be affixed

Applicant Check List

Complete the following check list before submitting this application – late and incomplete applications will not be considered.

Have you obtained the required minimum percentage of 60% overall?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have you attached full academic transcript?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have you attached motivational letter from one of your lecturers?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are you a South African citizen?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, have you attached a certified copy of the relevant page of your Identity Document?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have you read the terms and conditions on page 2 and 6?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have you signed page 6?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Has a Commissioner of Oaths signed page 6?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

*False information provided in this declaration will disqualify an applicant from receiving financial assistance. Incomplete forms will be rejected. **No late applications will be considered.***

**Return all pages of the completed application form to:
Foundation for Pharmaceutical Education (FPE)
PO Box 75769, Lynnwood Ridge, 0040 or
435 Flinders Lane, Lynnwood, 0081**

**Closing Date – 21 October 2019
No faxed or emailed applications will be accepted**

A confirmation email will be sent once application form has been received

**For any further details contact the FPE Administrator – Ms Nitsa Manolis
Telephone: (012) 470 9562 or nitsa@pharmail.co.za**