

BURSARY FUNDING APPLICATION FOR EXTERNAL APPLICANTS

Personal Information							
Surname				Identity number			
Full name/s							
Date of birth				Home language			
Gender	Female	Male	Race	African	Coloured	Indian	White
Disability	Yes	No	Specify				
Home address							
Telephone number				Cell phone number			
Email address							
Does your parent / legal guardian work for Mediclinic?	Yes	No	If yes, state location				

Programme Applied For						
Name of programme						
University / College						
Current year of study	None	First	Second	Third	Extended	
Planned commencement date			Planned completion date			NQF level

Documents Required	√
Grade 12 results	
Current study results	
Proof of acceptance for study at university / college	
Quote with estimated programme fees	
Proof of needing financial assistance (<i>Unemployment / Income of self/ parents</i>)	
Front page of identity document/card	

Locality of choice for work back period <i>(in order of preference)</i> <i>*Although every attempt will be made to ensure locality of choice is accommodated, placement at locality of choice cannot be guaranteed*</i>	1.	
	2.	
	3.	

Signature: Applicant _____

Date _____

∞ Please note that should you have a disability it will not count against you, it is only used for BBBEE reporting purposes.

∞ All personal information provided will be treated confidentially and only used for the purpose of processing the bursary application and if allocated, the management of the bursary. Personal information is used for reporting required by legislation.