

Bursary Application Form for Full Time Bursaries

INSTRUCTIONS

- **1.** Read carefully before completing, signing or submitting this form.
- **2.** Ensure that this form is completed in full.
- 3. Complete in BLOCK LETTERS.
- **4.** Note that this bursary cannot be used to pay for existing loans or debts.

Criteria:

- **5.** Ensure that this form is duly signed.
- **6.** Application forms with incomplete information will be disqualified.
- **7.** Application forms with incorrect information will lead to your application being disqualified.
- **8.** No faxed application forms will be accepted.

Ensure that you meet the following:

- **9.** Attach **ALL** of the following documents **REQUIRED**:
 - 8.1 Certified copy of a valid Senior certificate (if you have completed Grade 12).
 - 8.2 Certified copy of the latest academic transcript or record on official letterhead or logo (if you are already at university or university of technology).
 - 8.4 Certified copy of a valid South African identity document.
 - 8.5 Applications received after the closing date will not be considered.
 - 8.6 Post completed forms to or hand delivered to:

Posted to:-

The Chief Executive Officer, The South African Weather Service, Private Bag X097, Pretoria, 0001,

For the attention: Ms. Thuli Kganye

Hand delivered to:-

The Chief Executive Officer,
The South African Weather Service,
442 Rigel Avenue South
Erasmusrand
Pretoria

For the attention: Ms. Thuli Kganye

SECTION A - PERSONAL DETAILS OF APPLICANT

1.	Surname																
2.	First names																
3.	Date of birth																
4.	Place of birth																
5.	Identity No.																
6.	SA Citizenship	Yes		•					No	•	•	•			•	•	
7.	Gender	Male							Fen	nale							
8.	Race	Africa	an			India	n		Col	oured			W	hite/			
	Do have a disability	Yes	'				•		No								
9.		If YES	S, des	cribe	the n	ature (of disa	ability:									
	Residential address																
10.	with postal code																
11.	Postal address with																
11.	postal code																
	Contact telephone	Home	9							Cellular	-						
12.	numbers including	Paren	nt/							Other							
	dialing codes	Guard								Contac	ts						
13.	Email address																
	Have you ever been	Yes							No								
14.	found guilty of a	If yes	, plea	se spe	ecify	the na	ture a	and da	te of	offence	e:						
	criminal offence?																
U Company																	

SECTION B - HIGH SCHOOL ATTENDED

1.	Name of school	
2.	School address	
3.	Province	

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4.	Grade (Please tick)	Currently in	Grade 12		Completed Grade 12				
5.	Years attended	From:			То:				
6.	Subjects (List them belo	Higher Grade	Symbol	Standard Grade	Symbol	Percentage			
6.1									
6.2									
6.3									
6.4									
6.5									
6.6									
6.7									
6.8									
6.9									

NB: Attach proof of the latest results.

SECTION C - POST MATRIC QUALIFICATIONS

1.	Full name of highest qualification						
2.	Nature of qualification	Degree		Diploma			
3.	Status	Presently studying)	Discontinued			
4.	If discontinued, for what reasons?						
5.	If presently studying, which year of study? (Please tick)	First Year	Second Year	Third Year	Fourth Year		
6.	Student number						
7.	Name of institution						
8.	Address of institution						

9.		Major Subjects	Marks/ % obtained
		10.1	
Lie	at the cubicate	10.2	
LIS	t the subjects	10.3	
		10.4	
10.		Auxiliary subjects	Marks/ % obtained
		11.1	
		11.2	
		11.3	
Lis	st the subjects	11.4	
		11.5	
		11.6	
		11.7	

NB: Attach proof of latest academic results or academic transcript/s

SECTION D - INTENDED STUDY FOR THE NEW ACADEMIC YEAR (Please mark with 'X')

		National Cert	<u>ificate in V</u>	Veather	Obser	vation				
	Name of	Bachelor of Science in Meteorology								
1.	qualification	Honours in M	leteorology	/						
		Honours Brid	ging progr	amme						
2.	Field of study		<u> </u>							
	Are you receiving	Yes	No		and ar	ny obligations	involved and p	e of financial a provide the nan / loan assistanc	ne of the	
3.	any other bursary or loan?		·							

SECTION E - DETAILS ABOUT PARENT(S) / GUARDIAN(S) / NEXT OF KIN

1.	Surname								
2.	First names								
3.	Identity No.								

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4.	Relationship	Mother	Father	Othe	r, specify:	
5.	Residential address with postal code					
6.	Postal address with postal code					
_	Contact telephone	Home			Cellular	
7.	numbers including dialing codes	Work			Other contacts	
8.	Email address					

SECTION F - DECLARATION

- 1. I hereby, declare that ALL the information provided in this application form is complete and correct.
- **2.** I hereby, acknowledge that if **ANY** of the information provided in this application form is found to be incomplete and/or incorrect, my application will be disqualified.

3.	Signature of
	3.1 APPLICANT :
	3.2 Date :
4.	Signature of
	4.1 PARENT / LEGAL GUARDIAN:
	4.2 Date :