

**BURSARY APPLICATION for FULL-TIME STUDY  
IN  
HEALTH SCIENCES FOR 2015 ACADEMIC YEAR**

| <b><u>IMPORTANT</u></b>   |   |
|---|---|
| (i)   | Please complete in CAPITAL LETTERS.   |
| (ii)  | Mark appropriate blocks with an X.  |
| (iii)   | Late, incomplete and or incorrect applications will not be considered. <b>Please note:</b> Should any of the following documents not be attached, your application will be <b>considered</b> as incomplete: |
| (iv)  | <b>Certified documents to be submitted:</b>   |
|   | 1. RSA ID document  |
|   | 2. Previous academic year's results or Matric certificate. (if currently in Matric, please submit Grade 12 results for June 2014)   |
|   | 3. If disabled, please provide proof.   |
|   | 4. Proof of residence. (Account, Rates etc)   |
|   | 5. Proof of parent income, affidavit or tax certificate.  |
|   | 6. Letter of motivation for bursary. Address letter to the Bursary Committee  |
| <p><b>Please note: The final award of a bursary is subject to your acceptance at a Higher Education Institution<br/>If you have not received any correspondence within 4 months of submitting your application, please consider your application as unsuccessful.</b></p> |   |

**SURNAME:** \_\_\_\_\_

**NAME:** \_\_\_\_\_

**ID NUMBER:** \_\_\_\_\_

**STUDENT NUMBER (if applicable):** \_\_\_\_\_

**SECTION A: DETAILS OF APPLICANT**

**Personal Details**

|                 |   |                               |                      |                   |   |        |   |  |       |    |
|-----------------|---|-------------------------------|----------------------|-------------------|---|--------|---|--|-------|----|
| 1 Title         | <table border="1"><tr><td>Dr.</td><td>Prof.</td><td>Mr.</td><td>Ms.</td></tr></table>                           | Dr.                           | Prof.                | Mr.               | Ms.   |        |   |  |       |    |
| Dr.             | Prof.   | Mr.                           | Ms.                  |                   |   |        |   |  |       |    |
| 2 First Names   | <input type="text"/>  |                               |                      |                   |   |        |   |  |       |    |
| 3 Surname       | <input type="text"/>  |                               |                      |                   |   |        |   |  |       |    |
| 4 Gender        | <table border="1"><tr><td>Male</td><td>Female</td></tr></table>   | Male                          | Female               | 5 Disability      | <table border="1"><tr><td>Yes</td><td>No</td></tr></table>  | Yes    | No  |  |       |    |
| Male            | Female  |                               |                      |                   |   |        |   |  |       |    |
| Yes             | No  |                               |                      |                   |   |        |   |  |       |    |
|                 |   | (If yes please specify) _____ |                      |                   |   |        |   |  |       |    |
| 6 Date of birth | DD  | MM                            | YYYY                 |                   |   |        |   |  |       |    |
|                 | <input type="text"/>  | <input type="text"/>          | <input type="text"/> |                   |   |        |   |  |       |    |
| 7 Race          | <table border="1"><tr><td>African</td><td>Coloured</td><td>Indian</td><td>White</td><td>Other</td></tr></table> | African                       | Coloured             | Indian            | White   | Other  | 8 Have you ever been convicted of any criminal offence? | <table border="1"><tr><td>Yes</td><td>No</td></tr></table> | Yes   | No |
| African         | Coloured  | Indian                        | White                | Other             |   |        |   |  |       |    |
| Yes             | No  |                               |                      |                   |   |        |   |  |       |    |
| 9 Nationality   | <table border="1"><tr><td>South African</td><td>Other</td></tr></table>   | South African                 | Other                | 10 Marital Status | <table border="1"><tr><td>Single</td><td>Married</td><td>Divorced</td><td>Widow</td></tr></table> | Single | Married   | Divorced   | Widow |    |
| South African   | Other   |                               |                      |                   |   |        |   |  |       |    |
| Single          | Married   | Divorced                      | Widow                |                   |   |        |   |  |       |    |

**Home Address**

**11 Current residential address**

Please attach proof of **current residential address**, eg. an affidavit, lease agreement p.1, account statement, etc.

|                    |                      |
|--------------------|----------------------|
| House/Block Number | <input type="text"/> |
| Street Name        | <input type="text"/> |
| Street Name        | <input type="text"/> |
| Suburb             | <input type="text"/> |
| Postal Code        | <input type="text"/> |
| City               | <input type="text"/> |
| Province           | <input type="text"/> |

**Postal Address**

**12 Postal address (if not same as above)**

Please attach proof of permanent **postal address**, eg. an affidavit, lease agreement p.1, account statement, etc.

|                    |                      |
|--------------------|----------------------|
| House/Block Number | <input type="text"/> |
| Street Name        | <input type="text"/> |
| Street Name        | <input type="text"/> |
| Suburb             | <input type="text"/> |
| Postal Code        | <input type="text"/> |
| City               | <input type="text"/> |
| Province           | <input type="text"/> |

**Contact Details**

|                  |                      |                    |                      |
|------------------|----------------------|--------------------|----------------------|
| 13 Tel/Cel       | <input type="text"/> | 14 Alternative no. | <input type="text"/> |
| 15 Email address | <input type="text"/> |                    |                      |

**SECTION B: DETAILS OF PARENT(S), LEGAL GUARDIAN(S) OR SPOUSE**

**The 1st parent, guardian or spouse's details**

|            |   |                 |                      |     |     |             |                      |
|------------|---|-----------------|----------------------|-----|-----|-------------|----------------------|
| 16 Title   | <table border="1"><tr><td>Dr.</td><td>Prof.</td><td>Mr.</td><td>Ms.</td></tr></table> | Dr.             | Prof.                | Mr. | Ms. | 17 Initials | <input type="text"/> |
| Dr.        | Prof.   | Mr.             | Ms.                  |     |     |             |                      |
| 18 Surname | <input type="text"/>  | 19 Relationship | <input type="text"/> |     |     |             |                      |

(eg. Father, mother, legal gaurdian ect)

**Home Address**

**20 The 1st parent, guardian or spouse's home address**

Please attach proof of 1st guardian's **current residential address**, eg. an affidavit, lease agreement p.1, account statement, etc.

|                    |                      |
|--------------------|----------------------|
| House/Block Number | <input type="text"/> |
| Street Name        | <input type="text"/> |
| Street Name        | <input type="text"/> |
| Suburb             | <input type="text"/> |
| Postal Code        | <input type="text"/> |
| City               | <input type="text"/> |
| Province           | <input type="text"/> |

**The 1st parent, guardian or spouse's contact details**

|            |                      |                    |                      |
|------------|----------------------|--------------------|----------------------|
| 21 Tel/Cel | <input type="text"/> | 22 Alternative no. | <input type="text"/> |
|------------|----------------------|--------------------|----------------------|

**The 1st parent, guardian or spouse's employment details**

|             |                      |
|-------------|----------------------|
| 23 Employer | <input type="text"/> |
|-------------|----------------------|

(Place of work)

24 Annual Income (gross income)of Parent, legal guardian or spouse (Before deductions)

**The 2nd parent, guardian or spouse's details (if seperated)**

|            |   |                 |                      |     |     |             |                      |
|------------|---|-----------------|----------------------|-----|-----|-------------|----------------------|
| 25 Title   | <table border="1"><tr><td>Dr.</td><td>Prof.</td><td>Mr.</td><td>Ms.</td></tr></table> | Dr.             | Prof.                | Mr. | Ms. | 26 Initials | <input type="text"/> |
| Dr.        | Prof.   | Mr.             | Ms.                  |     |     |             |                      |
| 27 Surname | <input type="text"/>  | 28 Relationship | <input type="text"/> |     |     |             |                      |

(eg. Father, mother, legal guardian ect)

**Home Address**

**29 The 2nd parent, guardian or spouse's home address**

Please attach proof of 2nd guardian's **current residential address**, eg. an affidavit, lease agreement p.1, account statement, etc.

|                    |                      |
|--------------------|----------------------|
| House/Block Number | <input type="text"/> |
| Street Name        | <input type="text"/> |
| Street Name        | <input type="text"/> |
| Suburb             | <input type="text"/> |
| Postal Code        | <input type="text"/> |
| City               | <input type="text"/> |
| Province           | <input type="text"/> |

**The 2nd parent, guardian or spouse's contact details**

|            |                      |                    |                      |
|------------|----------------------|--------------------|----------------------|
| 30 Tel/Cel | <input type="text"/> | 31 Alternative no. | <input type="text"/> |
|------------|----------------------|--------------------|----------------------|

**The 2nd parent, guardian or spouse's employment details**

|             |                      |
|-------------|----------------------|
| 32 Employer | <input type="text"/> |
|-------------|----------------------|

(Place of work)

33 Annual Income (gross income)of Parent, legal guardian or spouse (Before deductions)

34 Combined income(Combined income of both parents or guardians)

35 Total number of people dependent on above mentioned income

**SECTION C: DETAILS OF PREVIOUS QUALIFICATION/RESULTS**

36 Your previous qualification/results  
(please ensure that results are submitted)

**SECTION D: MARKETING**

37 Where did you hear about the bursary scheme?

|               |       |             |       |
|---------------|-------|-------------|-------|
| Word of mouth | Media | Institution | Other |
|---------------|-------|-------------|-------|

38 Please specify

**SECTION E: DETAILS OF COURSE**

Please provide information about the course for which the bursary is needed:

39 Qualification Level \_\_\_\_\_  
(Undergraduate Degree, Postgraduate Degree, National Diploma, etc)

40 Qualification \_\_\_\_\_  
(Degree's name, e.g. Medicine, Pharmacy, R 425 Nursing, B Nursing etc.) Please don't abbreviate

41 Institution \_\_\_\_\_ 42 Accepted at Institution

|     |    |          |
|-----|----|----------|
| Yes | No | Awaiting |
|-----|----|----------|

(e.g. University of Western Cape, Stellenbosch University, Cape Peninsula University of Technology etc)

43 Year of Study \_\_\_\_\_ (e.g. 1st, 2nd)  
(year of study as in 2015)

44 Years of study remaining \_\_\_\_\_ (e.g 1yr, 2yrs)  
(Remaining years as of 2015)

45 Recipient of another bursary?

|     |    |
|-----|----|
| Yes | No |
|-----|----|

46 Commitments to other bursaries/loans

|           |          |      |
|-----------|----------|------|
| Work back | Pay back | None |
|-----------|----------|------|

47 Sponsor \_\_\_\_\_

(Do you have another bursary and what are the T's & C's of that bursary)

(Applicable if in receipt of other bursary or loan)

**SECTION F : DECLARATION BY STUDENT AND LEGAL GUARDIAN**

I declare that the above information is complete and correct and that the applicant intends making his/her services available to the Western Cape Government: Health upon obtaining the qualification for which the bursary is granted.

**Please note:**

**The Western Cape Government: Health reserves the right to cancel any application which it deems to be fraudulent, incomplete or incorrect.**

**Candidates whose parents are employed by an accredited HEI and who qualify for bursary support for their children will receive 50% of the Departmental disbursement (in terms of the Departmental Policy Guidelines for Full-Time Higher Education Bursaries, Section 10.3.3) should they be successful.**

**Bursary allocations are done at the discretion of the Western Cape Government: Health Bursary Committee.**

**The signature of a guardian is required if the applicant is younger than 18 years of age.**

**Applicant's signature:** \_\_\_\_\_ **Place:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Guardian's signature:** \_\_\_\_\_ **Place:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**WESTERN CAPE GOVERNMENT: HEALTH - BURSARY COMPONENT**

**CONTACT DETAILS:**

Tel: (021) 483 6610

Tel: (021) 483 2806