

**BURSARY APPLICATION for FULL-TIME STUDY
IN
HEALTH SCIENCES FOR 2018 ACADEMIC YEAR
CLOSING DATE: 29 SEPTEMBER 2017**

IMPORTANT	
(i)	Please complete in CAPITAL LETTERS and PRINT.
(ii)	Mark appropriate blocks with an X.
(iii)	Late, incomplete and or incorrect applications will not be considered. Please note: Should any of the following documents not be attached, your application will be considered as incomplete:
(iv)	Certified documents to be submitted: (Please tick with ✓ if documents is attached)
	1. RSA ID document <input type="checkbox"/>
	2. Previous highest academic year's results or Matric certificate.(if currently in Matric,please submit Grade 12 results for June 2015) <input type="checkbox"/>
	3. If disabled, please provide proof. <input type="checkbox"/>
	4. Proof of residence (eg. an affidavit, lease agreement, account statement, rates etc.) <input type="checkbox"/>
	5. Proof of parent income: eg. Payslip, SASSA letter or tax certificate. Please note no affidavit's will be accepted <input type="checkbox"/>
	6. Letter of motivation for bursary. Address letter to the Bursary Committee <input type="checkbox"/>
<p>Please note: COMPLETING A BURSARY APPLICATION FORM DOES NOT GUARANTEE YOU WILL BE AWARDED A BURSARY, WHICH IS SUBJECT TO SELECTION PROCESS DUE TO LIMITED FUNDING.</p>	

SURNAME: _____

NAME/S: _____

ID NUMBER: _____

STUDENT NUMBER: _____
(if applicable)

SECTION A: DETAILS OF APPLICANT

Personal Details

1 Title	Dr.	Prof.	Mr.	Ms.			
2 First Name/s							
3 Surname							
4 Gender	Male	Female			5 Disability	Yes No	
(If yes please specify) _____							
6 Date of birth	DD	MM	YYYY				
7 Race	African	Coloured	Indian	White	Other	8 Have you ever been convicted of any criminal offence? Yes No	
9 Nationality	South African	Other					
			10 Marital Status	Single	Married	Divorced	Widow

Home Address

11 Current residential address

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

House/Block Number	
Street Name	
Street Name	
Suburb	
Postal Code	
City	
Province	

Postal Address

12 Postal address (if not same as above)

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

House/Block Number	
Street Name	
Street Name	
Suburb	
Postal Code	
City	
Province	

Contact Details

13 Tel/Cel		14 Alternative no.	
15 Email address			

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, 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"/>
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The 1st parent, guardian or spouse's employment details

23 Employer	<input type="text"/>
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(Place of work)

24 Annual Income (gross income)of 1st 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 gaurdian 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, 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"/>
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The 2nd parent, guardian or spouse's employment details

32 Employer	<input type="text"/>
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(Place of work)

33 Annual Income (gross income)of 2nd 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
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38 Please specify

SECTION E: DETAILS OF COURSE

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

39 Qualification Level _____
(Masters, Degree, Diploma or National Diploma, etc)

40 Qualification _____
(Qualification name, e.g. Medicine, Pharmacy, B Tech Nursing, B Nursing etc.) Please don't abbreviate

41 Institution _____ 42 Accepted at Institution

Yes	No	Awaiting
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(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 2017)

44 Years of study remaining _____ (e.g 1yr, 2yrs)
(Including 2017)

45 Recipient of another bursary

Yes	No
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46 Commitments to other bursaries/loans

Work back	Pay back	None
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47 Sponsor _____

(Do you have another bursary and what are the Ts & Cs 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 I as the applicant intend making my 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.

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

Applicant's signature: _____

Date: _____

Parent/Guardian's signature: _____

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

Date: _____

WESTERN CAPE GOVERNMENT: HEALTH - BURSARY COMPONENT

CONTACT DETAILS:

Tel: (021) 483.6610
Tel: (021) 483.2515
Tel: (021) 483.3738
Tel: (021) 483.3465