# The Foundation for Pharmaceutical Education

Application 2016

# The Pharmaceutical Society of South Africa

# Student details

Surname:	Title:
First name:	Race:
r inst fidirie.	
University:	<b>2016</b> Year of study: 2 3 4
Student number:	
South African ID no.	
Physical address:	
City:	
Province:	Postal Code:
Postal address:	
Postal Code:	
Contact numbers:	
Home:	Cellphone:
Other:	
F	Relationship: Relationship:
Email address:	

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

NO

#### Office use only

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Т	

#### INSTRUCTIONS

- 1. Read carefully before completing, signing or submitting this form.
- 2. Ensure that this form is completed in full, 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) from the second year of study no first year applications will be considered
- Only South African citizens

# 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 02 October 2015 (applications must be 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
- Where applicable, special conditions of the sponsor will be communicated to the recipient

# THE FINANCIAL DECLARATION

- The declaration must be signed by you (if self-supporting), your parent, guardian or the person you depend on for financial support:
  - o If your parent(s) is deceased, please provide a certified copy of the death certificate(s)
- 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:
  - o Employed in formal sector recent pay slip
  - Self-employed a balance sheet
  - Employed in informal sector affidavit
  - $\circ$   $\,$  Pensioner 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

# **CRITERIA:**

All relevant criteria are 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

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

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

# **2. Dependants** (*excluding* the applicant)

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

# **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 (n	ot repayab	le)			
Institution	Value(R)	Year	Awarded	Pending	Institution	Value(R)	Year	Awarded	Pending
1.					1.				
2.					2.				
3.					3.				
4.					4.				

# FPE Application – Financial Declaration

(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 R8 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 or 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 or the parent the applicant. The details supplied are true and correct. I understand contents of the Terms and Conditions as specified on pages 2 and 6	I and fully agree with the
Signature or thumbprint of the applicant/parent/guardian/ financial su	upporter:
Date: ID no. of applicant/parent/guardian/supporter:	
Commissioner of Oaths/Justice of the Peace	The official stamp must be affixed
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:

# **Check List**

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

Have you obtained required minimum percentage of 60% overall?	Yes	No	
Have you attached full academic transcript?	Yes	No	
Are you a South African citizen?	Yes	No	
If yes, have you attached a certified copy of the relevant page of your Identity Document?	Yes	No	
Have you read the terms and conditions on page 2?	Yes	No	
Have you signed page 6?	Yes	No	
Has a Commissioner of Oaths signed page 6?	Yes	No	

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

Closing Date – 02 October 2015 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