

APPLICATION FOR A BURSARY FOR TERTIARY EDUCATION

GENERAL INFORMATION

- 1. The Epilepsy South Africa Educational Trust exclusively awards bursaries to persons with epilepsy.
- 2. The Trust will only fund tuition costs as residential and other costs will only be funded in exceptional circumstances.
- 3. Trust bursaries are part-bursaries. As such, the Trust does not fund the full cost for any one student.
- 4. A bursary may be withdrawn at any stage if academic performance is not satisfactory.
- 5. Bursaries are awarded by the Trust in February of each year.
- 6. Bursaries are tenable for one year only. It is the responsibility of the student to re-apply for further bursaries by 30 October annually.
- 7. Students are required to declare bursaries or awards received from any other sources.
- 8. Applicants are requested to print clearly when completing the application.
- 9. Incomplete application forms will be rejected.
- 10. This application form, together with all supporting documentation must be submitted no later than 30 October annually to:

Ordinary mail: The Secretary, Epilepsy South Africa Educational Trust, PostNet Suite #430, Private Bag X 3, Bloubergrant, 7443

Email: nationaldirector.no@epilepsy.org.za

		<u>:</u>	SECTI	ON A	: PER	SON	AL IN	FORN	IATIO	<u>N</u>			
Surname:													
First													names:
Title (pleas	e mark	the ap	propria	ate bo	x):							_	
Ms			Mr			Mrs			Mis	s	_	Otl	ner:
Date of birt	h:	_/		'	/			•			,		
	Da	ıy	Mo	onth		Yea	ır						
Identity nur	nber:												

Attach a certified copy of your identity document (Annexure A).

Home ad	dress:								
Province	(please m	ark the app	oropriate b	ox):					
Western Cape	Eastern Cape	Northern Cape	Gauteng	Free State	North West	Limpopo	Mpumala	anga	KwaZulu- Natal
Postal ac	ldress:								
									Code:
									Code.
Contact r	numbers:								
Home nu	mber:	Work n	umber:	Мо	bile (cell) n	umber	Alternati	ve nu	ımber
()		()	<u>-</u>						
Email									address:
SECTI	ON B: RE	SULTS A	CHIEVED	IN HIGH	IEST STAN	NDARD PA	ASSED A	T SC	HOOL
If you are	e currently	y still at so	chool, plea	ase pro	vide your .	June exar	n results		
Name				of					school:
Town/Cit	y:				Province:				
Grade: _		Year:							
		Su	bject			HG	/ SG	Sy	/mbol

Attach certifi	ied copies	of all	certificates an	d results as An	nexure D.	•	
Degree/diplor	ma/certifica	ate for	which you are	e registered fo	r the coming	acade	mic year:
		SEC1	TION E: FINAN	CIAL INFORMA	ATION		
Family incom	<u>e</u>						
Confidential in	nformation	on far	nily income:				
Family me	ember		Occupa	ation	Mont inco	-	Age
Your own							
Father							
Mother							
Other (please	specify)						
•							
			ce such as pays ly still at school:	slips or affidav	its as Annexi	ıre E.	
				rtiary level:			
<u>Bursaries</u>				•			
Have you rec	eived any	bursar	ies, grants or sc	holarships in thi	s or previous	years?	
			Yes	No			
If yes, please	complete	the foll	owing:				
Year		E	Bursary / Grant	/ Scholarship		V	alue

		Yes	No			
If yes, please	e complete the fol	lowing:				
Year	Bursary / G	rant / Scholars	hip		tcome of plication	Value
Financial ass	sistance required					
	your tuition fees	•				
	to you expect the tuition in the comi		n Africa E	ducatior ——	nal Trust to d	contribute to the
<u>s</u>	SECTION F: WOI	RK EXPERIENC	E AND C	URREN	T OCCUPAT	<u>'ION</u>
Are you curre	ently employed?					
		Yes	No			
If no, what a	re you currently do	oing?				
If yes, please	e complete the fol	lowing:				
Year(s)	Туре	of work		Emplo	yer	Salary / wage per month
Attach a cer	tified copy of yo	ur latest paysli	p as Ann	exure F		
	SECTION G:	CONFIDENTIA	AL MEDIC	CAL INF	ORMATION	
necessary th	osy South Africa E nat you provide do details of the doo	ocumentary evid	lence tha	t you ha	•	
Name		of				doctor/clinic:

Have you applied for any bursaries, grants or scholarships?

Address:								
								_
Province	(please m	ark approp	riate box):					
Western Cape	Eastern Cape	Northern Cape	Gauteng	Free State	North West	Limpopo	Mpumalanga	KwaZulu Natal
Telephon	e number:	()						
At what a	ge was yo	ur epilepsy	y first diagr	nosed? _		years		
	certified as Annex		a letter fr	om your	doctor/c	linic confi	irming that y	ou have
		SECT	ION H: A	DDITIONA	AL INFOR	RMATION		
		ails of any ng your ap		erests or a	achievem	ents which	you believe s	should be
Are you o	currently a	member o	f Epilepsy	South Afri	ca?			
			Yes	,	No			
If no, why	/ not?			'				

If yes, please complete the following:

Epilepsy SA Branch where you hold membership	Year joined	Describe the activities you have been involved in and the positions you have held (e.g. Board member, volunteer)

Attach proof of Epilepsy SA membership (obtainable from the Branch) as Annexure H.

SECTION I: THE ROLE AND RESPONSIBILITIES OF BURSARY RECIPIENTS

The following conditions apply to the payment of bursaries:

- a) You should maintain satisfactory academic progress.
- b) If you are not yet a member, you need to make contact with the local Branch of Epilepsy South Africa either in the area where you are studying or your home location to take part in voluntary work.
- c) You are required to submit two articles on your experiences. These articles should not be longer than one typed page and will be used to provide feedback to donors/funders as part of sustaining the Trust. Epilepsy South Africa also has the right to publish such articles. The deadlines for submission of your articles will be in April and September annually.
- d) Bursaries are paid in two tranches. The first payment will be made once you have signed an agreement with the Trust and completed and returned information regarding bursary payment details, while the second payment will be made upon receipt of your mid-year results and the completed progress report. Failure to submit the required documentation timeously will result in the withdrawal of the bursary with immediate effect.
- e) Bursaries will be paid directly into your student account at the tertiary institution where you are registered. Deposits will not be made into private bank accounts under any circumstances.
- f) You will notify the Trust immediately should you discontinue your studies for any reason.
- g) The Trust will keep a database of beneficiaries and expects each beneficiary to financially support the Trust on a regular basis once you have completed your studies and taken up employment. In this way the Trust ensures sustainability.
- h) You will inform the Trust immediately should you receive a full bursary from another source. Failure to do so will result in immediate termination of the bursary and repayment of all funds already paid in terms of your bursary.
- i) You will attend the Annual General Meeting of either the National Office or one of the Branches (whichever is more convenient for you) annually.

Please provide an indication of how your studies will assist you to make a difference in the lives of other people with epilepsy, using an additional sheet if required:

SECTION J: REFERENCES

Please provide the details of a person (not a family member) who knows you well and can be contacted for a reference:

Home number: () Email What is this person's relationship with you? —— CHECK Have you completed this form (all sections)? Have you attached the following annexures? A. Certified copy of your identity document B. Certified copy of your exam results (high C. Proof of acceptance for admission D. Certified copies of all certificates and results. E. Documentary evidence of family income F. Certified copy of latest payslip - Section	cbile (cell) number	Alternative nur	address
What is this person's relationship with you?	LIST		address
Have you completed this form (all sections)? Have you attached the following annexures? A. Certified copy of your identity document - B. Certified copy of your exam results (high C. Proof of acceptance for admission D. Certified copies of all certificates and results. E. Documentary evidence of family income	<u>(LIST</u>		
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Proof of acceptance for admission Certified copies of all certificates and resi Documentary evidence of family income	– Section A		
D. Certified copies of all certificates and resi Documentary evidence of family income	school) - Section B		
E. Documentary evidence of family income			
	ults (tertiary institutio	on) – Section D	
F. Certified copy of latest payslip – Section	– Section E		
	F		
G. Certified copy of letter from doctor/clinic of Section G	confirming that you h	have epilepsy –	
H. Proof of Epilepsy SA membership – Sect	ion H		
Signature of applicant)ate	

Date

Signature of parent/guardian

If you are under the age of 18 years, your parent/guardian will need to sign this form