



**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 A bursary may be withdrawn at any stage if academic performance is not satisfactory.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, Bloubaerg, 7443

Email: [nationaldirector.no@epilepsy.org.za](mailto:nationaldirector.no@epilepsy.org.za)

**SECTION A: PERSONAL INFORMATION**

Surname:

\_\_\_\_\_

First

names:

\_\_\_\_\_

Title (please mark the appropriate box):

Ms	Mr	Mrs	Miss	Other: _____
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Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Day                      Month                      Year

Identity number:

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

Home address: \_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

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Province (please mark the appropriate box):

Western Cape	Eastern Cape	Northern Cape	Gauteng	Free State	North West	Limpopo	Mpumalanga	KwaZulu-Natal
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Postal address: \_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

Code:

Contact numbers:

Home number: (____) _____	Work number: (____) _____	Mobile (cell) number _____	Alternative number _____
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Email \_\_\_\_\_ address:

\_\_\_\_\_

**SECTION B: RESULTS ACHIEVED IN HIGHEST STANDARD PASSED AT SCHOOL**

**If you are currently still at school, please provide your June exam results.**

Name \_\_\_\_\_ of \_\_\_\_\_ school:

\_\_\_\_\_

Town/City: \_\_\_\_\_ Province: \_\_\_\_\_

Grade: \_\_\_\_\_ Year: \_\_\_\_\_

Subject	HG / SG	Symbol

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Aggregate symbol (Please mark the appropriate box):

A	B	C	D	E	F
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**Attach a certified copy of your exam results (Annexure B)**

**SECTION C: ONLY TO BE COMPLETED BY STUDENTS WHO HAVE NOT YET ENTERED A TERTIARY INSTITUTION**

At which tertiary institution have you applied to study? \_\_\_\_\_

\_\_\_\_\_

Which degree/diploma/certificate course do you intend studying? \_\_\_\_\_

\_\_\_\_\_

Duration of course: \_\_\_\_\_ years

In which year will you complete the course? \_\_\_\_\_

**Attach proof of acceptance for admission as Annexure C. If you do not yet have proof of acceptance, please provide proof of application and a written explanation why you do not yet have proof of acceptance and when you anticipate receiving proof of acceptance.**

**SECTION D: ONLY TO BE COMPLETED BY STUDENTS ALREADY ATTENDING A TERTIARY INSTITUTION**

Name of tertiary institution: \_\_\_\_\_

Student \_\_\_\_\_ number: \_\_\_\_\_

\_\_\_\_\_

Degree/diploma/certificate for which you are registered: \_\_\_\_\_

\_\_\_\_\_

Current year of study (e.g. 1<sup>st</sup> or 2<sup>nd</sup> year): \_\_\_\_\_

Enter all subjects and exam results for each year of study (Use an additional sheet if required):

Year (e.g 1 <sup>st</sup> year)	Subject	% / symbol


**Attach certified copies of all certificates and results as Annexure D.**

Degree/diploma/certificate for which you are registered for the coming academic year:

\_\_\_\_\_

\_\_\_\_\_

**SECTION E: FINANCIAL INFORMATION**

**Family income**

Confidential information on family income:

<b>Family member</b>	<b>Occupation</b>	<b>Monthly income</b>	<b>Age</b>
Your own			
Father			
Mother			
Other (please specify) _____ _____			

**Attach documentary evidence such as payslips or affidavits as Annexure E.**

Number of children in the family still at school: \_\_\_\_\_

Number of children in the family studying at tertiary level: \_\_\_\_\_

**Bursaries**

Have you received any bursaries, grants or scholarships in this or previous years?

Yes	No
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If yes, please complete the following:

<b>Year</b>	<b>Bursary / Grant / Scholarship</b>	<b>Value</b>

Have you applied for any bursaries, grants or scholarships?

Yes	No
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If yes, please complete the following:

Year	Bursary / Grant / Scholarship	Outcome of application	Value

**Financial assistance required**

How much is your tuition fees for the coming year? R\_\_\_\_\_

How much do you expect the Epilepsy South Africa Educational Trust to contribute to the cost of your tuition in the coming year? R\_\_\_\_\_

**SECTION F: WORK EXPERIENCE AND CURRENT OCCUPATION**

Are you currently employed?

Yes	No
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If no, what are you currently doing? \_\_\_\_\_

\_\_\_\_\_

If yes, please complete the following:

Year(s)	Type of work	Employer	Salary / wage per month

**Attach a certified copy of your latest payslip as Annexure F.**

**SECTION G: CONFIDENTIAL MEDICAL INFORMATION**

As the Epilepsy South Africa Educational Trust exclusively supports people with epilepsy it is necessary that you provide documentary evidence that you have epilepsy. Please provide the following details of the doctor/clinic treating your epilepsy:

Name \_\_\_\_\_ of \_\_\_\_\_ doctor/clinic:

\_\_\_\_\_



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

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





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**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:

Name:

\_\_\_\_\_

Home number: (____) _____	Work number: (____) _____	Mobile (cell) number _____	Alternative number _____
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Email

address:

\_\_\_\_\_

What is this person's relationship with you? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CHECKLIST**

Have you completed this form (all sections)?		
Have you attached the following annexures?		
A.	Certified copy of your identity document – Section A	
B.	Certified copy of your exam results (high school) – Section B	
C.	Proof of acceptance for admission	
D.	Certified copies of all certificates and results (tertiary institution) – Section D	
E.	Documentary evidence of family income – Section E	
F.	Certified copy of latest payslip – Section F	
G.	Certified copy of letter from doctor/clinic confirming that you have epilepsy – Section G	
H.	Proof of Epilepsy SA membership – Section H	

\_\_\_\_\_

Signature of applicant

Date

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

Name of parent/guardian: \_\_\_\_\_

Contact details:

Home number: (____) _____	Work number: (____) _____	Mobile (cell) number _____	Alternative number _____
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Email \_\_\_\_\_ address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date