

Bursary Application Form Full Time Bursaries 2017



INSTRUCTIONS

- 1. Read carefully before completing, signing or submitting this form.
- 2. Ensure that this form is completed in full.
- 3. Complete in BLOCK LETTERS.
- **4.** Note that this bursary cannot be used to pay for existing loans or debts.

Criteria:

- 5. Ensure that this form is duly signed.
- **6.** Application forms with incomplete information will be disqualified.
- 7. Application forms with incorrect information will lead to your application being disqualified.
- **8.** No faxed application forms will be accepted.
- 9. Attach ALL of the following documents REQUIRED:
 - 8.1 Certified copy of the latest academic transcript or record on official letterhead or logo (if you are already at university, university of technology or technikon).
 - 8.2. A one page motivation/ covering letter
 - 8.3. Certified copies of achievement / merit certificates
 - 8.4. Certified copy of a valid South African identity document.
 - 8.5. Applications received after the closing date will not be considered.
 - 8.6. Post completed forms to or hand delivered to:

The Chief Executive Officer,
The South African Weather Service,
Private Bag X097, Pretoria 0001,
For the attention: Ms. N Tabata

8.7. **CLOSING DATE: 18 October 2016**



SECTION A - PERSONAL DETAILS OF APPLICANT

| 1. | Surname | | | | | | | | | | | | | | | | |
|-----|-------------------------------------|-----------|---|-------|-------|--------|------|----------|-------|----------|-------|----|----|------|--|--|--|
| 2. | First names | | | | | | | | | | | | | | | | |
| 3. | Date of birth | | | | | | | | | | | | | | | | |
| 4. | Place of birth | | | | | | | | | | | | | | | | |
| 5. | Identity No. | | | | | | | | | | | | | | | | |
| 6. | SA Citizenship | Yes | | | | • | | | No | | | | | | | | |
| 7. | Gender | Male | | | | | Fem | nale | | | | | | | | | |
| 8. | Race | African | | | | Indiar | 1 | | Cold | oured | | | Wł | nite | | | |
| | Do have a disability | Yes | | | | | | | No | | | | | | | | |
| 9. | | If YES, d | If YES, describe the nature of disability | | | | | ability: | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| | Residential address | | | | | | | | | | | | | | | | |
| 10. | with postal code | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| 11. | Postal address with | | | | | | | | | | | | | | | | |
| | postal code | | | | | | | | | | | | | | | | |
| | Contact telephone | Home | | | | | | | | Cellular | | | | | | | |
| 12. | numbers including dialing codes | Parent/ | | | | | | | | Other | | | | | | | |
| | | Guardia | n | | | | | | - | Contact | ts | | | | | | |
| 13. | Email address | | | | | | | | | | | | | | | | |
| | Have you ever been | Yes | | | | | | | No | | | | | | | | |
| 14. | found guilty of a criminal offence? | If yes, p | lea | ise s | pecif | y the | natu | re and | d dat | e of of | fence | 2: | | | | | |
| | cinimal offence: | | | | | | | | | | | | | | | | |



SECTION B - HIGH SCHOOL ATTENDED

| 1. | Name of school | | | | | | | | | |
|-----|------------------------------------|-------|-----------------|--------|--------------------|--------|------------|--|--|--|
| 2. | School address | | | | | | | | | |
| 3. | Province | | | | | | | | | |
| 4. | Grade (Please tick) Currently in G | | Grade 12 | | Completed Grade 12 | | | | | |
| 5. | Years attended | From: | | | То: | | | | | |
| 6. | Subjects (List them below) | | Higher Grade | Symbol | Standard Grade | Symbol | Percentage | | | |
| 6.1 | | | | | | | | | | |
| 6.2 | | | | | | | | | | |
| 6.3 | | | | | | | | | | |
| 6.4 | | | | | | | | | | |
| 6.5 | | | | | | | | | | |
| 6.6 | | | | | | | | | | |
| 6.7 | | | | | | | | | | |
| 6.8 | | | | | | | | | | |
| 6.9 | | | | | | | | | | |

NB: Attach proof of matric certificate



SECTION C - CURRENT QUALIFICATION - 2016

| 1. | Full name of qualifi | cation | | | | | | | | | | |
|-------------------|---|--------|--------------------|------------|-------------|----------------------|--|--|--|--|--|--|
| 2. | Nature of qualificat | ion | Degree | | | | | | | | | |
| 3. | Status | | Presently studying | | | | | | | | | |
| 4. | If presently studying, which year of study? (Please tick) | | First Year | Third Year | Fourth Year | | | | | | | |
| 5. | Student number | | | | | | | | | | | |
| 6. | Name of institution | l | | | | | | | | | | |
| 7. | Address of institution | | | | | | | | | | | |
| 8. | Telephone number registrar's office | of the | | | | | | | | | | |
| 9. | | | Major Subje | cts | | Marks/ % obtained | | | | | | |
| | | 9.1 | | | | | | | | | | |
| 11 | ist the subjects | 9.2 | | | | | | | | | | |
| L | List the subjects 9.3 | | | | | | | | | | | |
| | | 9.4 | | | | | | | | | | |
| 10. | | | Auxiliary subj | ects | | Marks/ % obtained | | | | | | |
| | | 10.1 | | | | | | | | | | |
| | 10.2 | | | | | | | | | | | |
| | 10.3 | | | | | | | | | | | |
| List the subjects | | 10.4 | | | | | | | | | | |
| | | 10.5 | | | | | | | | | | |
| | | 10.6 | | | | | | | | | | |
| | | 10.7 | | | | | | | | | | |



NB: Attach proof of latest academic results or academic transcript/s.

SECTION D - INTENDED STUDY FOR THE NEW ACADEMIC YEAR

| 1. | Name of qualification | | | | | | | |
|----|------------------------|-----|----|-------------------|--------------|---------------|----------------------------|-----------|
| 2. | Field of study | | | | | | | |
| | Are you receiving any | Yes | No | assista the na | ance and any | obligations / | nature of involved and the | d provide |
| 3. | other bursary or loan? | | | · | | | | |



SECTION E – DETAILS ABOUT PARENT(S) / GUARDIAN(S) / NEXT OF KIN

| 1. | Surname | | | | | | | | | |
|------------|---|--------|------|-----|------|------------|---------------|--|--|--|
| 2. | First names | | | | | | | | | |
| 3. | Identity No. | | | | | | | | | |
| 4. | Relationship | Mother | Fath | ier | Othe | er, spe | ecify: | | | |
| 5. | Residential address with postal code | | | | | | | | | |
| 6. | Postal address with postal code | | | | | | | | | |
| 7. | Contact telephone | Home | | | | Cell | lular | | | |
| / · | numbers including dialing codes | Work | | | | Oth con | ner Itacts | | | |
| 8. | Email address | | | | | | | | | |



SECTION F - DECLARATION

I hereby, declare that **ALL** the information provided in this application form is complete and correct.

1. I hereby, acknowledge that if ANY of the information provided in this application form is found

| to b | e incomplete and/or incorrect, my application will be disqualified. |
|---------|--|
| 3. Sign | nature of |
| 3.1 | APPLICANT : |
| 3.2 | Date : |
| Sign | nature of |
| 4.1 | PARENT / LEGAL GUARDIAN : |
| 4.2 | Date : |
| | |
| | |
| N.B | . Kindly note that you will need to enter into a Bursary Agreement with the South Af |

Weather Service.