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## **SACTWU BURSARY FUND APPLICATION FORM 2016**

**When completing the form please comply with the following:**

1. Please note that it is a requirement for all information requested on the application form to be completed in full. Also ensure that all documents requested are certified copies and are submitted promptly (Your local Post Office or Police Station will be able to certify the documents).
2. Please ensure that the correspondence address provided at the top of page 4 is the address at which you will receive your mail. Please inform us immediately of any changes.
3. Please ensure that you provide us with an email address and where possible a student's email address from the respective registered institutions.
4. Applications for study at any FET College shall not be considered.
5. Where the member is a biological parent and there is a difference in surname please provide:
  - an affidavit by member stating that you are the biological parent with the full name and identity number of the student
6. Where the member is a legal guardian it is compulsory to provide the following:
  - Valid letter of guardianship from Department of Social Development / Court Order
  - Member's marriage certificate and both member and spouse identity documents
  - The death certificate of student's biological parents
7. Where the member is applying for his/her spouse it is compulsory to provide:
  - Member's marriage certificate and member and spouse identity documents
8. Please ensure that the checklist provided on page 4 is completed in full and all the required documents are submitted
9. All students who are child dependants and have received a bursary from Sactwu before are required to do 50 hours of community service. Failing which penalties will apply. Please refer to the bursary rules for more information. A copy of the bursary fund rules is attached to this application.

**CLOSING DATES:**

**29th** February 2016 for full year and 1<sup>st</sup> semester study

**8th** August 2016 for 2<sup>nd</sup> semester study

**TO BE COMPLETED BY STUDENT**

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**DETAILS OF STUDENT**

Surname: \_\_\_\_\_

First Names in full: \_\_\_\_\_

Identity Number: \_\_\_\_\_

Date of Birth (dd/mm/yy) : \_\_\_\_\_ Age: \_\_\_\_\_

Ethnic/Population Group : \_\_\_\_\_ Gender  Male  Female

Marital Status :  Married  Single

Home Address: \_\_\_\_\_

\_\_\_\_\_ Code : \_\_\_\_\_ Province: \_\_\_\_\_

Contact No. (Home) : \_\_\_\_\_ Cell No : \_\_\_\_\_

Email Address \_\_\_\_\_

How is the SACTWU member related to you:

Mother  Father  Guardian  Spouse or are you a  Member  Staff

(if member is the legal guardian, please provide letter from Department of Social Development / Court Order)

**DETAILS OF PROPOSED STUDY DURING 2016**

Faculty: \_\_\_\_\_

Arts	Commerce	Health Science	Education	Engineering
Law	Humanities	Built Environment	Science	Other

Nature of study:  Certificate  Diploma  B – Tech  Degree  Post Graduate

Course: (Eg: BSc – Engineering): \_\_\_\_\_

Occupation for which you are studying: \_\_\_\_\_

Duration of course:  1yr  2 yrs  3 yrs  4 yrs  5 yrs  6 yrs  7 yrs

Academic year of study:  1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>  4<sup>th</sup>  5<sup>th</sup>  6<sup>th</sup>  7<sup>th</sup>  Final

Is this your final graduation year :  Yes  No

Did you fail any modules :  Yes  No

If yes, which modules did you fail : \_\_\_\_\_

Have you changed your faculty or course?  Yes  No

Is your registration :  Annual  Semester

Commencement date of study (dd/mm/yy) : \_\_\_\_\_

Your student registration number: \_\_\_\_\_

Tuition fees for the year 2016 : \_\_\_\_\_

Name of institution of study in 2016: \_\_\_\_\_

Faculty Tele no : ( \_\_\_\_ ) \_\_\_\_\_ Faculty Fax no : ( \_\_\_\_ ) \_\_\_\_\_

Have you received a bursary from SACTWU in the past:

Yes	No
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If Yes, please complete the following: Have you received a bursary from another sponsor?  
If yes please complete the following:

Year	Amount

Year	Name of Sponsor	Amount

Are you studying part-time/full-time?

Part – Time	Full - time
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Are you employed /unemployed?

Employed	Unemployed
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I have completed an application form to join the SACTWU Students Union (SASU) and agree to undertake 50 hours of community service as set out in the application form.

No of community service hours completed in 2015: \_\_\_\_\_

Signature of student: \_\_\_\_\_ Date : \_\_\_\_\_

**TO BE COMPLETED BY MEMBER**

**DETAILS OF SACTWU MEMBER**

Surname: \_\_\_\_\_

First Name in full : \_\_\_\_\_

Identity Number: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_ Code: \_\_\_\_\_ Province : \_\_\_\_\_

Contact no (Home) : \_\_\_\_\_ Cell: \_\_\_\_\_

Name of Workplace: \_\_\_\_\_

Factory Address: \_\_\_\_\_

\_\_\_\_\_ Code: \_\_\_\_\_ Province : \_\_\_\_\_

Telephone number of Workplace: ( \_\_\_\_\_ ) \_\_\_\_\_

Fax number of Workplace: ( \_\_\_\_\_ ) \_\_\_\_\_

Your Occupation: \_\_\_\_\_ Clock No \_\_\_\_\_

How many years have you been employed in this workplace? \_\_\_\_\_ Council No: \_\_\_\_\_

Date first employed at this workplace: \_\_\_\_\_

How many years have you been a union member? \_\_\_\_\_

I am employed in the: 

Clothing
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Textile
---------

Leather
---------

Other
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Staff
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SACTWU Region: \_\_\_\_\_ SACTWU Branch: \_\_\_\_\_

I, (Name and Surname of member): \_\_\_\_\_

I hereby confirm that the information furnished above is accurate. I grant the union the right to render an enquiry to verify this information.

Signature of Sactwu member: \_\_\_\_\_ Date: \_\_\_\_\_

**Postal address for all correspondence:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Code: \_\_\_\_\_ Province : \_\_\_\_\_

**CHECKLIST - TO BE COMPLETED BY THE STUDENT**

The following documents must be submitted with this application:

		<b>Yes</b>	<b>No</b>
1	Certified copy of student's identity document		
2	Certified copy of member's identity document		
3	ID size photo of applicant		
4	Latest certified copy of member's payslip		
5	Original/certified copy of detailed statement of account from institution for 2016 (cost per module)		
6	Certified copy of matriculation certificate if 1 <sup>st</sup> year of study or 1 <sup>st</sup> time applicant		
7	Certified copy of academic record for previous years of study (all years)		
8	Proof for difference in surname: *affidavit by member stating that you are the biological parent		
9	Proof of Guardianship *Valid letter from Department of Social Development /Court Order *Member's marriage certificate and member and spouse ID *death certificate of student's biological parents		
10	Proof of Marriage ( in the case of application for spouse) *Marriage certificate and copies of ID for member / spouse		
11	Affidavit from member re status of employment (if member has been retrenched)		
12	Affidavit from applicant stating employed/unemployed if studying part-time or through correspondence (if employed part-time/contract – attach payslip)		
13	Completed Application Form to join SaSU( only applicable to child dependants)		

**Postal address**

SACTWU Bursary Department  
P.O. Box 18359  
Dalbridge 4014  
Tel : 0313011351  
Fax : 0865003646

**Delivery address:**

3<sup>RD</sup> Floor - James Bolton Hall  
127 Magwaza Maphalala Street  
Durban 4001  
Email : bursaries@sactwu.org.za  
Website : [www.sactwu.org.za](http://www.sactwu.org.za)

***WE WISH ALL STUDENTS THE VERY BEST FOR THEIR STUDIES IN 2016***