



## BURSARY APPLICATION FORM YEAR 2016

Please attach certified copies of the following:

- Statement of final results for the 2015 academic year or 2016 Semester 1
- Certified ID copy (not older than 3 months)

Closing date:

- 31 August 2016, No late applications will be considered.

Section A: Personal Details							
Name(s) of Learner							
Surname							
ID number							
Date of Birth							
Contact number							
Email							
Gender	Male			Female			
Equity	Black		Indian		Coloured		White
Physical Address							
	Municipality						
	Province		Code				
Postal Address (if not the same as above)							
	Municipality						
	Province		Code				

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Section B: Details of studies applied for		
Name of Course/Degree/Diploma		
Name of Institution		
Please indicate which year of study funding is applied for		
Year of Study (Please tick where applicable)		Cost
First		R
Second		R
Third		R
Fourth		R

Section C: Details of Family

1. Attach Certified copy of the most recent proof of income of parent(s) and/or guardian(s) for the past 3 months(salary or pension slip)
2. A sworn statement (not older than 3 months) must be attached if your Parent(s) and/or Guardian(s) is unemployed.
3. Attach Certified ID copies (not older than 3 months) of Parent(s) and/or Guardian(s)

Details of Mother			
Name(s) of Mother			
Surname			
ID number			
Contact number	( )	Mobile No.	
Physical Address			
		Municipality	
		Province	Code

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Postal Address (if not the same as above)		Municipality			
		Province		Code	
		Occupation			
Employer Name					
What type of employer is this?		Private		Government	
If unemployed are they claiming from UIF?		Yes		No	
Source of Income (Please tick)	Wages	Salaries	Grants	Other	
Gross monthly earnings			R		

Details of Father					
Name(s) of Father					
Surname					
ID number					
Contact number		( )	Mobile No.		
Physical Address		Municipality			
		Province		Code	
		Postal Address (if not the same as above)			
Occupation					
Employer Name					
What type of employer is this?		Private		Government	
If unemployed are they claiming from UIF?		Yes		No	

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Source of Income (Please tick)	Wages		Salaries		Grants		Other	
Gross monthly earnings					R			

Details Guardian																	
Name(s) of Guardian																	
Surname																	
ID number																	
Contact number		( )			Mobile No.												
Physical Address																	
		Municipality															
		Province				Code											
Postal Address (if not the same as above)																	
		Municipality															
		Province				Code											
Occupation																	
Employer Name																	
What type of employer is this?		Private					Government										
If unemployed are they claiming from UIF?		Yes					No										
Source of Income (Please tick)		Wages				Salaries				Grants				Other			
Gross monthly earnings					R												

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**Section D: Details of Family structure**

1. Starting with the student, list ALL the family, members (including parents) residing permanently in your home that is/are dependent on the parent(s)/guardian's income.
2. If other siblings are students registered at a tertiary institution attach their proof of registration

Title	Initials	Surname	Relationship with applicant <sup>1</sup>	Age	Currently busy with <sup>2</sup>

**Section C: PREVIOUS AND CURRENT FINANCIAL AID (Provide details on any previous and current financial aid that you have received)**

Name of Sponsor	Year Received	Amount received	Nature of Aid

<sup>1</sup> Spouse/ Partner/ Brother/ Daughter/ Son/ Uncle/ Aunt/ Grandparent/ Other

<sup>2</sup> Studying/ Out of School/ Unemployed/ Employed

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**Section D: Motivation (Provide reasons why you are requesting a bursary and why you believe it should be awarded to you. Also include any other information we should be aware of )**

**Section E: Declaration and signatures**

We declare this information to be true and correct. This application is not a guarantee for funding. The CHIETA will allocate bursaries at the discretion of management based on the CHIETA bursary policy.

Person	Signature	Date
Applicant		
Mother / Guardian		
Father / Guardian		

**FOR BURSARY OFFICE USE ONLY**

Date received: \_\_\_\_ / \_\_\_\_ / 2016      Received by: \_\_\_\_\_

Signature of Recipient: \_\_\_\_\_