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**INSTRUCTIONS AND INFORMATION FOR APPLICANTS**

**PLEASE READ THE INSTRUCTIONS AND INFORMATION BELOW CAREFULLY BEFORE COMPLETING THIS FORM.**

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NB: A fully completed application with all relevant supporting documentation MUST be sent to applications@saadp.co.za

1. **You will need**
	1. To have access to the internet.
	2. To have an active email address.
	3. To have an active cell phone number.
2. **General application information**
	1. SAADP applications open on 02 January and close on 31 August every year.
	2. Current Actuarial Science students must be registered at Wits, UCT, or UP in their 1st, 2nd, 3rd, or Honours levels.
	3. Students from non-partner universities are welcome to apply, however, they must have applied and been accepted to study at any of the partner universities.
	4. Non-South Africans are unfortunately ineligible to apply.
	5. Any application to a non-partner university will be automatically rejected.
	6. Applicants may only apply once.
	7. Completed applications must be submitted to applications@saadp.co.za with relevant supporting documents.
	8. Supporting documents that may not be available at the time of applying may be sent to applications@saadp.co.za whenever they become available, even after the closing date.
	9. Applying for the bursary before the closing date is the applicant’s responsibility.
	10. Incomplete and/or late applications will not be considered.
3. **About the bursary**
	1. SAADP relies on donations from private and public donors.
	2. The bursary awards are highly dependent on the availability of donations. Lack of donations results in lack of or no award.
	3. SAADP reserves the right not to award bursaries.
	4. To apply, students must demonstrate satisfactory academic progress.
	5. The SAADP bursary is renewable each year pending good academic performance.
	6. Below are the DOCUMENTS to be submitted with the application form:

|  |  |
| --- | --- |
| No. | **Required Documentation** |
| 1. | A certified copy of your South African ID or card – both sides or birth certificate. |
| 2. | Academic Transcripts from 1st year to current year level.  |
| 3. | A certified copy of a death certificate or an affidavit in the case of deceased parent(s). |

**ALL APPLICANTS MUST NOTE THAT:**

* The South African Actuarial Development Programme is an independent Non-Profit Organisation.
* SAADP only supports Actuarial Science students who have gone through its selection process and have been admitted into the programme.
* SAADP relies on donations from both private and public companies to offer bursaries and pay for its operations. No bursaries may be offered if there are no donations received.
* All SAADP applicants are therefore encouraged to also apply for other potential funders that may be available.
* Due to the large number of applications received each year, applications must not expect any acknowledgement of receipt of applications.

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**ACTUARIAL SCIENCE BURSARY APPLICATION – Current students**

PLEASE READ THE INSTRUCTIONS ABOVE CAREFULLY BEFORE COMPLETING THIS FORM.

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|  |  |
| --- | --- |
| Student Number | Click or tap here to enter text. |
| Current year level (Actuarial Science):  | 1st year [x]  | 2nd year [x]  | 3rd year [x]  | Honours year [x]   |
| University:  | UCT [x]  | UP [x]  | Wits [x]  | Other [x]  Click to specify |

**SECTION 1: Personal Details**

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|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Title | Ms [x]  | Mr [x]   | *Specify if ‘other’* | Click to enter text | Are you a South African? |  Y [x]  | N [x]  |
| First Name | Click or tap here to enter text. | Surname | Click or tap here to enter text. |
| ID No. | Enter text | Gender | M [x]  | F [x]  | Population Group | Black [x]  | Coloured [x]  | Indian [x]  | White [x]  |
| Email Address | Click to enter text | Home language | Enter text | Other language(s) | Click or tap here to enter text. |
| Primary mobile number | Click or tap here to enter text. | Alternative mobile number | Click or tap here to enter text. |
| Physical Address | Click or tap here to enter text.  | Code | Enter text |
| Province | Click or tap here to enter text. | Local Municipality | Click or tap here to enter text. |
| Preferred method of communication | Email [x]  | Mobile [x]  |  |
| Do you live with any disability? | Yes | [ ]  | No | [ ]  |   |
| *If “yes”, please give details:* |
| Click or tap here to enter text. |

Who is your closest contact person we can call if we are unable to reach you on your mobile number?

|  |  |  |  |
| --- | --- | --- | --- |
| Name & Surname | How are you related? | Mobile Number | Email Address |
| Click to enter text | Click to enter text | Click to enter text | Click to enter text |

Next of Kin (not living with you)

|  |  |  |  |
| --- | --- | --- | --- |
| Name & Surname | How are you related? | Mobile Number | Email Address |
| Click to enter text | Click to enter text | Click to enter text | Click to enter text |

**SECTION 2: School and Bursary**

|  |  |
| --- | --- |
| High School you’re currently attending or attended  | Click or tap here to enter text. |
| Have you applied for any other bursary besides SAADP? | Yes [x]  | No [x]  | Bursary provider | Status (their feedback) |
| Click to enter text | Click to enter text |
| Click to enter text  | Click to enter text |
| Click to enter text | Click to enter text  |

**SECTION 3: Family Information**

Please list your family members below:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name and Surname | Relationship | Education | Employed | Occupation | Employer |
| Click to enter text | Click to enter text | Click to enter text | Y [x]  | N [x]  | Click to enter text | Click to enter text |
| Click to enter text | Click to enter text | Click to enter text | Y [x]  | N [x]  | Click to enter text | Click to enter text |
| Click to enter text | Click to enter text | Click to enter text | Y [x]  | N [x]  | Click to enter text | Click to enter text |
| Click to enter text | Click to enter text | Click to enter text | Y [x]  | N [x]  | Click to enter text | Click to enter text |

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| --- |
| **PROTECTION OF PERSONAL INFORMATION ACT (POPIA)** |
| **We, the parents/guardians of / I, the applicant of the SAADP bursary accept that the information provided here was given voluntarily. We/I permit SAADP to:** * Store the data in its files and electronic systems.
* Share data with only relevant parties involved via SMS, email, fax, post, or hand delivery.
* Generate and share with relevant parties all academic, attendance, behavioral and other programme/bursary-related records.
* Use both the provided and generated data for purposes of providing relevant services to the applicant (including but not limited to; contacting parents, him/her with relevant support; updating the alumni register, researching and reporting on the programme's demographics and performance).
* Pass it on to relevant parties where required to do so as part of the programme's reporting and where legally required to do so.
 |
| **PERMISSION TO USE PHOTOGRAPHS** |
| I understand and acknowledge that, from time to time, informal and formal photographs of the students are taken and that, insofar as these photographs are placed in the possession or control of SAADP, these photographs might be used by SAADP in electronic and printed media, including SAADP website, social media platforms, newspapers, brochures, or banners for the purpose of marketing and promoting SAADP.  |
| **Please TICK next to that which applies** |
| I, the applicant/We, the parent(s)/guardians | GIVE PERMISSION  |  [ ]  | for the use of my/our child's photographs as per above. |
| DO NOT GIVE PERMISSION |  [ ]  |  for the use of my/our child's photographs as per above. |
|  |
| Applicant's Name and Surname | Click to enter text   | Signature | Click to enter text | Date | Click. |
| **NB: Parent(s)/guardian(s) to sign below only where an applicant is under 18 years of age:** |
| Parent's/Guardian's name):  |  Click to enter text  | Signature:  |  Click to enter text | Date | Click. |

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **HOW DID YOU (THE APPLICANT) HEAR ABOUT BURSARIES OFFERED BY SAADP?** |
| 1 | From a visit by a SAADP representative to your school/area. |  [ ]   |
| 2 | From a friend. |  [ ]   |
| 3 | From an existing SAADP student. | [ ]  |
|  4 | From a pamphlet handed out at a university.  | [ ]  |
| Was this a SAADP pamphlet?  |  Yes | [ ]  | No   | [ ]  |
| 5 | Internet. [x]  | Which website?  | [Www.zabursaries.co.za](http://Www.zabursaries.co.za/) |
| 6 | Media [ ]  | Specify. E.g., social media, radio, etc. | Click to enter text |
| 7 | Other [ ]   | Specify here |

|  |
| --- |
| **Applicant's Certification Statement** |
| I certify that all information provided as part of this application is true and correct to the best of my knowledge. I give my consent to the South African Actuaries Development Programme to use the information provided herein for the purpose of bursary consideration. |
|
| Applicant's Full Name and Surname |  Click to enter text | Date  | Click. |

**Submit this form to** **applications@saadp.co.za**

SAADP reserves the right not to award bursaries. By submitting this form, you acknowledge that you have read and understood the instructions and information provided on pages 1 and 2 of this application form. Documents that are not available at the time of submitting this application form may be submitted as soon as they become available (even after the closing date).