

SACPLAN BURSARY 2025 Application Form

**Submission Date
16 August 2024**

In order for your application to be processed, please ensure that you complete all sections of the application form and attach all supporting documents.

PLEASE NOTE: You must write your identity number in the top right-hand corner of every page of the application form and on every page of all of your supporting documents in order for your application to be processed. The SACPLAN will not be able to process applications without an ID number.

INSTRUCTIONS

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

Criteria:

- Ensure that this form is duly signed.
- Application forms with incomplete information will be disqualified.
- Application forms with incorrect information will lead to your application being disqualified.
- No faxed application forms will be accepted.
- Applications received after the closing date will not be considered.

Ensure that you meet the following:

Attach **ALL** of the following documents **REQUIRED**:

- Certified copy of a valid senior certificate (Grade 12).
- A copy of the letter of acceptance or proof of registration from an accredited planning programme.
- Certified copy of the latest academic transcript or record on official letterhead or logo (if you are already at university or university of technology).

- Certified copy of a valid South African identity document (certification must not be older than six months).
- A one to two page personal/motivational statement.
- A completed SACPLAN Bursary application form.
- Two letters of recommendation.
- A written verification or copy of the accredited planning programme costs for one academic year of study.
- A resume of work experience and background (if applicable), if not incorporated into your personal/motivational statement.
- A statement/estimate provided by the relevant University of the total Tuition fees for the year.
- A statement/estimate of any costs additional to tuition costs (e.g., accommodation costs) for the upcoming academic year with supporting documentary evidence.
- Completed applications can be emailed or hand delivered to:

Hand Delivered to:

**Acting Chief Executive Officer
 The South African Council for Planners
 International Business Gateway Office Park
 Cnr New Road and 6th Road
 Midridge Office Park
 Block G – 1st Floor
 Midrand**

For attention: Mr Bongumusa Ndwandwe

Electronically to:

ihlongwa@sacplan.co.za

**For attention: The Acting Chief Executive
 Officer,
 Mr Bongumusa Ndwandwe**

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						Female					
8.	Race	African		Indian		Coloured		White					
9.	Do have a disability If YES, describe the nature of disability:	Yes						No					
10.	Residential address with postal code												
11.	Postal address with postal code (if not the same as above in section 10)												
12.	Address while Studying (If not living at home) with postal code												
13.	Contact telephone numbers including dialling codes	Home				Cellular							
		Parent / Guardian				Other Contacts							

14.	Email address				
15.	Have you ever been found guilty of a criminal offence?	Yes	No		
		If yes, please specify the nature and date of offence:			

SECTION B - HIGH SCHOOL ATTENDED

1.	Name of school					
2.	School address					
3.	Province					
4.	Grade (Please tick)	Currently in Grade 12			Completed Grade 12	
5.	Years attended	From:			To:	
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						
6.10						

NB: Attach proof of the latest results.

SECTION C - POST MATRIC QUALIFICATIONS

1.	Full name of highest qualification completed		Nature of qualification	Degree			
				Diploma			
2.	Full name of qualification currently enrolled for		Nature of qualification	Degree			
				Diploma			
3.	Have you discontinued your studies		Yes	No	Not Applicable		
4.	If discontinued, for what reasons?						
5.	If presently studying, which year of study? (Please tick)	First Year	Second Year	Third Year	Fourth Year	Honours	Masters
6.	Student number						
7.	Name of institution						
8.	Address of institution						
9.	Major Subjects				Marks / % obtained		
List the subjects	9.1						
	9.2						
	9.3						
	9.4						
	9.5						
	9.6						
	9.7						
	9.8						
	9.9						

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..	Are you receiving any other bursary or loan?	Yes	No	If YES, describe below the nature of financial assistance and any obligations involved and provide the name of the institution that granted the bursary/ loan assistance:

SECTION E – CURRENT/PREVIOUS FINANCIAL SUPPORT

1.	Are you currently receiving or have you previously received financial support to study the qualification you are applying for.	Yes	No
2.	Please provide the name of the person/institution/body.		
3.	Please indicate the type of support.	Amount	

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

1.	Surname												
2.	First names												
3.	Identity No.												
4.	SA Citizenship	Yes						No					
5.	Gender	Male						Female					
6.	Relationship	Mother	Farther	Other, specify									
7.	Residential address with postal code												
8.	Postal address with postal code												

9.	Contact telephone numbers including dialling codes	Home		Cellular	
		Work		Other Contacts	
10.	Email address				

SECTION G – INCOME AND EXPENDITURE

To be completed by the person(s) that is currently responsible for your payment of your studies

Please add three (3) months Bank Statements

	INCOME per month	EXPENSES per month
Salary / Pension		
Partner's Salary / Pension		
Government Subsidy (please specify)		
Investments		
Other Income:		
Living/Housing:		
Rent/Mortgage		
Electricity		
Water/Sewer		
Telephone		
Other:		
Regular Payments:		
Student Loan		
Credit Cards		

Other Loan Payments		
Medical Aid		
Car/Home Insurance		
Life Insurance		
Child Care		
Other:		
Food Expenses:		
Groceries		
Other:		
Personal Expenses:		
Personal Care		
Clothing/Shoes		
Doctors, Dentists, etc.		
Prescriptions		
Other:		
Transportation:		
Petrol / Diesel		
Bus, Taxi, Train, etc.		
Other:		
Total Income		
Total Expenses		
TOTAL INCOME MINUS TOTAL EXPENSES:		

SECTION H – DECLARATION

- 1. I hereby, declare that **ALL** the information provided in this application form is complete and correct.
- 2. I hereby, acknowledge that if **ANY** of the information provided in this application form is found to be incomplete and/or incorrect, my application will be disqualified.

3. Signature of

3.1 APPLICANT : _____

3.2 Date : _____

4. Signature of

4.1 PARENT / LEGAL GUARDIAN: _____

4.2 Date : _____

(In the presence of a Commissioner of Oath):

COMMISSIONER OF OATH:

I certify that the Applicant has acknowledged that he/she knows and understands the contents of this declaration, which was sworn to before me and that the Applicant’s signature was placed thereon in my presence.

Commissioner of Oath’s Full Names : _____

Designation : _____

Area of Appointment : _____

Date : _____ 20_____

<p>Stamp</p>
