

2025 SIOC-CDT BURSARY APPLICATION FORM

Dear applicant

- Please **READ** the instructions before filling in the application form
- Only short-listed candidates will be contacted for an interview
- Application Closing date 30 November 2024 at 12h00 (midday)

Application methods:

- 1. Online via: https://duxpd.co.za/sioc-cdt-2025-online-bursary-application-form/
- 2. Manual application: It will be the applicant's responsibility to ensure delivery and receipt of the application which must reach SIOC-CDT on or before the closing date and time to one of the below offices:

THABAZIMBI HUB
11 Jourdan Street, Mollies Building
Thabazimbi 0380

INSTRUCTIONS FOR THE COMPLETION OF THE APPLICATION:

SIOC-CDT will only consider your application if you have taken care to complete this application legibly and in full, ensuring that all required documents have been attached.

1. Requirements – (mark yes or no)

I declare that I meet the following criteria set by SIOC-CDT	Yes	No
- I am a South African Citizen		
- I am not older than 35 years of age as at the 30 th of November 2024		
 I have an average pass mark of 65% or above (based on my latest academic results) 		
- My gross household income is less than R600 000. (This must include both		
parents if they are working). Gross income is income before deductions.		
- I will be studying:		
Full Time		
Part Time		
 I am living with a disability (if applicable) 		
- I live in or come from one of the following areas:		
 Gasegonyana 		
 Joe Morolong 		
 Gamagara 		
 Tsantsabane 		
 Thabazimbi 		
Other		
 I have proof of acceptance/or provisional acceptance at a public recognised institution of higher learning. 		
If you do not have this then proof of application will suffice.		

2.	Personal Details (Applicant)	
	Your names and surname need to be exactly the same as your ID document!	

Title: (Mr, Mrs,	Miss):	I	Initials:		-				
First Names in	full:								
Surname:									
Identity numbe	er:								
Date of birth: (DD/MM/YE	AR)							
Age as at 30 No	vember 20	24							
The town you were born in:				Home Lar	nguage: _				
Gender:	Female	Ma	ale						
Race:	African	As	sian	Indian	Colour	red	White	Other	
Address: Physical Addr	ess				Postal A	ddress			
,									
Postal code					Postal co	ode			
Province					Province				
Contact details									
WhatsApp nu	mber				Alternate number	cel	ll		
Home Telepho Number							•		
Email address									
Marital status		Single				Married			
Other:									
Do you have a	ny form of	chronic illr	ness or physi	cal handicap?		Yes		No	
If yes, provide	details						ı		
Have you been	n convicted	of any crir	me?			Yes		No	
If yes, provide	details						1	,	

3. Personal details (Parent / Guardian)

Please tick what is applicable: I have -

One parent/guardian	Two parents/guardians	No parent/guardian

Please complete parent/guardian detail if you ticked one or two above

Parent / Guardian 1

Title (MR, MRS, MS, DR,)			Identity n	umber			
Initials			Nature of	relatio	nship		
First names as per ID							
Document							
Surname							
Occupation (tick which one applies)	Employed	Unemploy	ed	Self-e	mployed		Retired / Pensioner
If employed, nature of work							
Place of work							
Cell Number							
Work telephone number							
Alternative Contact Number							
What is your	Options:				Tick usin	g X	
parent/guardian's	- Grade	e 11 and lov	ver				
highest qualification?	- Grade	e 12 (matric	:)				
Tick from table below:	- Highe	er certificate	9				
	- Diplo	ma					
	- Degre						
	- Post-	Graduate					
	- Trade						
	- Othei	r (Specify)					
Email address							

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Parent / Guardian 2 (if applicable)

Initials Nature of relationship First names as per ID Document Surname	
Document	
Occupation (tick which one applies) Unemployed Self-employed Retired / Pension Reti	ner
If employed, nature of work	
Place of work	
Cell Number	
Work telephone number	
Alternative Contact Number	
What is your Options: Tick using X	
parent/guardian's - Grade 11 and lower	
highest qualification? - Grade 12 (matric)	
Tick from table below: - Higher certificate	
- Diploma	
- Degree	
- Post-Graduate	
- Trade	
- Other (Specify)	
Email address	

4. University / TVET college & field of study accepted for?

Please fill in what is applicable

I have been accepted for or applied to:

Institution 1

Institution				
Field of study / Course				
name				
Student number / ID				
Number				
Year of study - tick	1 st year	1 st year extended	2 nd to 6 th year	Post Grad (Honours,
which one applies				Masters, PHD)

Institution 2	<u> </u>
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Institution				
Field of study / Course name				
Student number / ID Number				
Year of study - tick which one applies	1 st year	1 st year extended	2 nd to 6 th year	Post Grad (Honours, Masters, PHD)

5. School where you have completed/ are completing your NSC?

Name of High/Secondary School		
School Address		
City	State/Province/	
	Region	
Postal Code	Local Municipality	
School telephone		
number		

Academics; Please attached your most recent academic results:

Please tick the results you have attached to the application -

-	Graded 12 June results/report card	
-	Grade 12 prelim results - term 3 results/report card	
-	University first semester results	
-	Final Results (NSC if matriculated before 2024 or final tertiary academic results)	

Note: All final results must be submitted by the 17th of January 2025. Late submissions will not be accepted.

Please list your subject / modules with results:

Subject / Module	Percentage obtained

Subject / Module	Percentage obtained
	_
6. How did you hear about SIOC-CDT community development	t trust?
SIOC-CDT Advertisement	
Family / Friend	
School / Teacher	
Internet	www.zabursaries.co.za
SIOC-CDT website	
SIOC-CDT community programme	
cio de continuita programme	
Dux Website	
None of the above As an applicant I have benefitted from another SIOC-CDT programme	e, please tick yes or no:
None of the above As an applicant I have benefitted from another SIOC-CDT programme Yes	e, please tick yes or no:
None of the above As an applicant I have benefitted from another SIOC-CDT programme	e, please tick yes or no:
None of the above As an applicant I have benefitted from another SIOC-CDT programme Yes No	e, please tick yes or no:
Dux Website None of the above As an applicant I have benefitted from another SIOC-CDT programme Yes No f yes, please tick which one:	
None of the above As an applicant I have benefitted from another SIOC-CDT programme Yes	Yes I participated in this programme:
Dux Website None of the above As an applicant I have benefitted from another SIOC-CDT programme Yes No f yes, please tick which one: Programme name	
As an applicant I have benefitted from another SIOC-CDT programme Yes No f yes, please tick which one: Programme name SchiMathUS	
As an applicant I have benefitted from another SIOC-CDT programme Yes No f yes, please tick which one: Programme name SchiMathUS Access for Success	
As an applicant I have benefitted from another SIOC-CDT programme Yes No f yes, please tick which one: Programme name SchiMathUS Access for Success	
As an applicant I have benefitted from another SIOC-CDT programme Yes No f yes, please tick which one: Programme name SchiMathUS Access for Success	
As an applicant I have benefitted from another SIOC-CDT programme Yes No f yes, please tick which one: Programme name SchiMathUS Access for Success	
None of the above As an applicant I have benefitted from another SIOC-CDT programme Yes No f yes, please tick which one: Programme name SchiMathUS Access for Success Other SIOC-CDT Programmes	Yes I participated in this programme:
None of the above As an applicant I have benefitted from another SIOC-CDT programme Yes No f yes, please tick which one: Programme name SchiMathUS Access for Success Other SIOC-CDT Programmes	Yes I participated in this programme:
As an applicant I have benefitted from another SIOC-CDT programme Yes No f yes, please tick which one: Programme name SchiMathUS Access for Success Other SIOC-CDT Programmes Do you have a relationship with any person (s) working for SIOC-CDT	Yes I participated in this programme:
Dux Website None of the above As an applicant I have benefitted from another SIOC-CDT programme Yes No f yes, please tick which one: Programme name SchiMathUS Access for Success Other SIOC-CDT Programmes Do you have a relationship with any person (s) working for SIOC-CDT	Yes I participated in this programme:
As an applicant I have benefitted from another SIOC-CDT programme Yes No f yes, please tick which one: Programme name SchiMathUS	Yes I participated in this programme:
Dux Website None of the above As an applicant I have benefitted from another SIOC-CDT programme Yes No f yes, please tick which one: Programme name SchiMathUS Access for Success Other SIOC-CDT Programmes Do you have a relationship with any person (s) working for SIOC-CDT Yes No	Yes I participated in this programme:
Dux Website None of the above As an applicant I have benefitted from another SIOC-CDT programme Yes No f yes, please tick which one: Programme name SchiMathUS Access for Success Other SIOC-CDT Programmes Do you have a relationship with any person (s) working for SIOC-CDT Yes No	Yes I participated in this programme:
As an applicant I have benefitted from another SIOC-CDT programme Yes No f yes, please tick which one: Programme name SchiMathUS Access for Success Other SIOC-CDT Programmes Do you have a relationship with any person (s) working for SIOC-CDT (es No f yes: Name of person:	Yes I participated in this programme:
Dux Website None of the above As an applicant I have benefitted from another SIOC-CDT programme Yes No f yes, please tick which one: Programme name SchiMathUS Access for Success Other SIOC-CDT Programmes Do you have a relationship with any person (s) working for SIOC-CDT Yes No	Yes I participated in this programme:
As an applicant I have benefitted from another SIOC-CDT programme Yes No f yes, please tick which one: Programme name SchiMathUS Access for Success Other SIOC-CDT Programmes Do you have a relationship with any person (s) working for SIOC-CDT (es No f yes: Name of person:	Yes I participated in this programme:

7. Attach the following supporting documents? *compulsory
NOTE: Your application will be rejected if any required document is missing.

All certified documents must not be older than 3 months

* A certified copy of your South African ID (Not older than 3 months)	
* A copy of your latest academic results (Grade 12 June results OR	
Grade 12 Prelims results, University 1 st semester results OR Final results)	
*A certified copy of your final NSC result if completed before 2024 (Not older than 3 months)	
* Proof of acceptance or provisional acceptance or proof of application at a recognised higher public education institution	
* Recent proof of residence (not older than 3 months) - Example of proof of residence : A copy of a utility bill in your own or parents/guardian's name <u>reflecting your physical address</u> e.g. rates and taxes or water and electricity account, bank statement reflecting your address, letter from landlord or affidavit from your local counsellor.	
* Proof of income of Parent or Guardian (most recent payslip) as listed in the application above; or certified declaration of unemployment (not older than 3 months); or affidavit confirming you do not have parents/guardians; or SASSA Grant recipient certificate.	
* Three months bank statement of parent/guardian (most recent).	
* If Applicable - Proof of income of Parent or Guardian 2 (most recent payslip) as listed in the application above; or certified declaration of unemployment (not older than 3 months); or affidavit confirming you do not have parents/guardians; or SASSA Grant recipient certificate.	
* If applicable, three months bank statement of parent/guardian 2 (most recent).	
* If applicable - medical Certificate confirming type of disability (if applicable)	

8. Declaration

Please read the declaration statements in the below table and tick using x for confirmation of your declaration, understanding and consent. Following the declaration, please ensure to sign the application form below.

Declaration Statement	Tick
	(x)
I confirm that the information completed in the form is accurate	
I declare that the information supplied in this application form is, to the best of my knowledge, true and correct. I	
understand that any false information will automatically disqualify me from obtaining any funding and could	
further lead to me being charged in a court of law for fraudulently receiving funding.	
I consent to the collection, collation, processing, storing and the use and disclosure of such information provided	
in this application between the selection provider, Dux Powered by People Dynamics, and the funder.	
I have read and accepted the Terms and Conditions. These are accessible on the following URL Link:	
https://duxpd.co.za/website-disclaimer/	

Signature:	Place:
Date:	