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| **SEIFSA BURSARY APPLICATION FORM: 2025 ACADEMIC YEAR** |

# THE FOLLOWING DOCUMENTS MUST ACCOMPANY YOUR APPLICATION FORM

|  |  |  |  |
| --- | --- | --- | --- |
| **Nr** | **REQUIREMENT** | **ATTACHED** | |
| **YES** | **NO** |
| **1.** | **PASSPORT SIZE PHOTOGRAPH** |  |  |
| **2.** | **CERTIFIED COPY OF YOUR IDENTITY DOCUMENT** |  |  |
| **3.** | **CERTIFIED COPY OF MATRIC RESULTS** |  |  |
| **4.** | **PROOF OF REGISTRATION FROM THE INSTITUTION** |  |  |
| **5.** | **CERTIFIED TRANSCRIPT OF YOUR LATEST ACADEMIC RESULTS FROM THE INSTITUTION** |  |  |
| **6.** | **QUOTATION OF FEES AMOUNT BEING REQUESTED** |  |  |
| **7.** | **PROOF OF HOUSEHOLD INCOME** |  |  |

# ALL APPLICATIONS SHOULD BE SENT TO: bursaryapplications@seifsa.co.za;

# CLOSING DATE: 30 NOVEMBER 2024

*Note: This application will not be considered unless all documentation requested above is attached and the form is fully completed*

1. **APPLICANT INFORMATION**

|  |  |
| --- | --- |
| PLEASE ATTACH PASSPORT SIZED PHOTOGRAPH HERE | **MOTIVATION: (WHY SHOULD YOU BE AWARED THIS BURSARY?)** |
| **NAME** |  |
| **SURNAME** |  |
| **RESIDENTIAL ADDRESS (HOME TOWN)** |  |
| **ID NUMBER** |  |
| **POSTAL ADDRESS OF APPLICANT** |  |
| **EMAIL ADDRESS OF APPLICANT** |  |
| **APPLICANT TELL NUMBERS** |  |

1. **NEXT OF KIN DETAILS**

|  |  |
| --- | --- |
| **FULL NAME OF NEXT OF KIN** |  |
| **RELATION TO APPLICANT** |  |
| **OCCUPATION** |  |
| **IS NEXT OF KIN COMPANY A MEMBER OF AN ASSOCIATION FEDERATED TO SEIFSA? (YES/NO)** | |
| **TELEPHONE NUMBER** |  |
| **EMAIL ADDRESS** |  |
| **NR. OF DEPEDANTS OF NEXT OF KIN** |  |
| **COMBINED HOUSEHOLD INCOME (GROSS)** |  |

1. **EDUCATION: PARTICULARS**

|  |  |  |
| --- | --- | --- |
| **NAME OF INSTITUTION** |  | |
| **COURSE** |  | |
| **YEAR OF STUDY IN 2025** |  | |
| **STUDENT NUMBER** |  | |
| **YEAR OF MATRICULATION** |  | |
| *\*\*Only attach information requested below if year of matriculation is 2024* | | |
| **GRADE 11 RESULTS ATTACHED** | **(YES/NO)** | **IF NO,COMMENT:** |
| **LATEST GRADE 12 RESULTS** | **(YES/NO)** | **IF NO,COMMENT:** |
| *\*\*Only attach information requested below if in year 2,3 or 4 of study in 2025* | | |
| **1st YEAR STATEMENT OF RESULTS ATTACHED** | **(YES/NO)** | **IF NO,COMMENT:** |
| **2nd YEAR STATEMENT OF RESULTS ATTACHED** | **(YES/NO)** | **IF NO,COMMENT:** |
| **3rd YEAR STATEMENT OF RESULTS ATTACHED** | **(YES/NO)** | **IF NO,COMMENT:** |

*Note: The section below is applicable to University of Technology students ONLY*

1. **NATIONAL DIPLOMA**

|  |  |
| --- | --- |
| **FOR WHICH PART OF THE ENGINEERING DIPLOMA COURSE ARE YOU APPLYING A BURSARY FOR?** | **PLEAE INDICATE BELOW**  **(S1, S2, S3 OR S4)** |
| **HAVE YOU DONE ANY PRACTICAL TRAINING** | **IF YES, PLEASE SPECIFY: COMPANY NAME AND DURATION** |

1. **FEES**

|  |  |  |
| --- | --- | --- |
| **TOTAL COURSE FEES BEING REQUESTED** | **R** | |
| *\*\*The SEIFSA Bursary only covers Tuition fees. Applicant can source other funding for study material, accommodation, and meals* | | |
| **ARE YOU CURRENTLY IN RECEIPT OF A GRANT, LOAN, SCHOLARSHIP OR FEE REBATE FOR STUDY PURPOSES?** | **(YES/NO)** | **IF YES, PLEASE PROVIDE NAME OF FUNDER:** |
| **IF YES, INDICATE COSTS COVERED BY FUNDING:**  **(TUITION, STUDY MATERIAL ACCOMODATION, MEALS)** |
| **TOTAL AMOUNT BEING FUNDED `** | **R** | |

**I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CERTIFY THAT THE INFORMATION IN PROVIDED IN THIS APPLICATION IS TRUE AND CORRECT**

**SIGNATURE OF APPLICANT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATE: : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- | --- |
| **FOR OFFICE USE ONLY** | |
| **DATE RECEIVED** |  |
| **PROCESSED BY** |  |
| **SIGNATURE** |  |