Bursary Application



Manager: Human Capital Tel: (064) 4104222

P O Box 53 SWAKOPMUND

First names and surname (block letters)		
	Bursary applied for:	



A. <u>PERSONAL</u>

First n	names and surname (in block lette	ers)	
Mr/Ms	8		
Date of	of birth:	Citizenship:	
ID No			
וט וייטו	•		
Prese	nt home address:	Present postal address:	
Telepl	hone number:		
Have you any physical and/or mental defect, disease or disability? If so, please state full particulars:			
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B.	SCHOOL TRAINING		
	When last did you attend full-time schooling?		
	What is the highest standard you have passed at school?		
	On what date? Pass obtained		
	On what date?	r ass upidifieu	

DETAILS OF YOUR SUBJECTS PASSED

List the subjects	Points
1	
2	
3	
4	
5	
6	
Total	



C. PARTICULARS OF PROPOSED STUDY

For which grade/diploma do you intend to study? [e.g. B.Sc. (Eng.) (Civil)etc]
At which university/technikon/college?
Full-time or part-time?
Do you currently receive any other bursary or loan for the purpose of study? If so, please give full particulars:
In the schedule below, please furnish full details of any university/technikon, courses, which you have completed in part or in full:

Name of university/technikon and the course	Date of first enrolment	Subject passed/ symbol obtained	Subjects failed



D. EMPLOYMENT EQUITY

Should you consider yourself to be a member of a *previously Disadvantaged* group, please complete the following:

RACE	
(Coloured, African, Indian)	
GENDER	
(Female)	
DISABILITY	
(State nature of disability)	

- E. PROVIDE PROOF OF ACCEPTANCE AT A RECOGNISED UNIVERSITY OR TECHNICON
- F. PROVIDE TESTIMONIAL BY THE PRINCIPAL OF LAST SCHOOL ATTENDED.
- G. PROVIDE TESTIMONIAL OF THE HEAD OF THE UNIVERSITY OR TECHNICON CONCERNED.



H. PARTICULARS OF PARENTS/GUARDIANS

	Signature of parent of guardian
Date	Signature of applicant
	iculars are, to the best of my knowledge, e to furnish an attested copy of my School s possible:
opinion, may have a bearin specific provision has been m	ils of any other information, which, in your gon your application but for which no ade in this application form:
from investments, dividends, i	ent or guardian (including salary, income interest etc.):
	nts in the care of parent or guardian:
Occupation:	Date of birth:
Full name of parent or guardia	an: