

## **CONFIDENTIAL**

## APPLICATION FOR FINANCIAL ASSISTANCE FOR TERTIARY EDUCATION (Not a full bursary)

## **Important Information**

- 1. Assistance available to KNYSNA RESIDENTS ONLY.
- 2. Assistance only for undergraduate studies no post graduate applicants will be considered.
- 3. Application form to be fully completed. <u>If not fully completed, application will not be considered.</u>
- 4. Photocopy of applicant's Identity Document to be attached to the application.
- 5. Passport photo of applicant to be attached in the space provided.

**CLOSING DATE** 

6. Sections 1 - 5 to be completed in own handwriting. Sections 6 & 7 to be completed by parent/guardian.

NAME OF APPLICANT		
WHAT DO YOU PLAN TO STUDY?		
		1
New application	Attach photo here	RETURN APPLICATION TO:
Re-application		The Secretary Education Committee vtricker47@gmail.com

**17 NOVEMBER 2023** 



SECTION 1:	PERSONAL P	ARTICULARS					
SURNAME (BI	ock letters)				NA	TIONALITY	
FIRST NAMES	3				GE	NDER	
DATE OF BIR	TH				AG	βE	
ID NUMBER					HOME I	ANGUAGE	
ID NOWBER					MARITA	L STATUS	
RESIDENTIAL	. ADDRESS						
EMAIL (PLEAS	SE PRINT)						
CELL NUMBE	R						
			INTER	RESTS			
SPORTS							
HOBBIES							
OTHER INTER	RESTS						
			ADDITIONAL I	NFORMATION			
HOW LONG H	IAVE YOU & YO	OUR FAMILY LIV	/ED IN KNYSNA	.?			
HOW MANY B	ROTHERS DO	YOU HAVE?					
WHAT DO TH	EY DO?		School	Studying		Employed	Unemployed
HOW MANY S	ISTERS DO YO	U HAVE?					
WHAT DO TH	EY DO?		School	Studying		mployed	Unemployed
DO YOU SUPI	PORT ANY DEP	PENDENTS?					
GIVE DETAILS	3						
			EMPLOYMENT	EXPERIENCE			
HAVE YOU E	/ER BEEN EMP	LOYED?	Yes	No			
GIVE DETAILS	3		1	2			3
NAME OF EM	PLOYER						
NATURE OF V	VORK						
DATES OF EN	MPLOYMENT						



SECTION 2:	SECTION 2: EDUCATIONAL INFORMATION										
HIGH SCHOOL EDUCATION (Not required if one full year of tertiary study has been completed)											
LAST SCHOOL ATTE	ENDED					TOWN					
SUBJECTS			FINAL	% MARK G	RADE 11	FINAL %	FINAL % MARK GRADE 12 (or mid-year)				
YEAR NATIONAL SE CERTIFICATE OBTA					NOTE: Please att	ach a copy o	f your latest academic results				
		LEADE	RSHIP –	· Mark corre	ect box with an X a	nd give deta	ails				
WERE YOU A PREF	ECT?	Yes	No								
DID YOU CAPTAIN A SPORTS TEAM?	4	Yes	No	What?							
WERE YOU PART O CLUB/TEAM?	)F A	Yes	No	What?							
DID YOU LEAD ANY OTHER CLUB/TEAM		Yes	No	What?							
ANY FURTHER INFORMATION YOU WISH TO SUBMIT											



SECTION 3:	EDUCATIONAL INFORMATION									
TERTIARY EDUCATION (Complete if at present attending a University/College)										
STUDY COURSE		UNIVERSITY/COLLEGE								
MAJOR SUBJECTS	2022 % MARKS	2023 % MARKS (mid-year)								
			NOTE: New applications Please attach a copy of your latest academic results  NOTE: Re-applications Please attach a copy of your mid-year results							

SECTION 4:	PROPOSED FIELD OF STUDY									
STUDY COURSE				UNIVERSIT	TY/COLLEG	SE SE				
DURATION OF COUL	RSE IN YEARS	1	2	3	4	5	Mark correct box with X			
INTENDED YEAR OF	1	2	3	4	5	Mark correct box with X				
MAJOR SUBJECTS										

SECTION 5:	EXPECTED COSTS PER YEAR									
DURATION OF COURSE IN YEARS				2		3		4	5	
ACADEMIC FEES										
RESIDENCE FEES										
OTHER FINANCIAL ASSISTANCE										
HAVE YOU APPLIED	FOR ANY OTHE	R FINAN	CIAL AS	SISTANC	E?	YES	NO	Ma	ark correct box wit	h X
WAS THE APPLICAT	ION SUCCESSFL	JL?				YES	NO	Ma	ark correct box wit	h X
NAME OF ORGANISATION APPLIED TO AMOUNT TERMS OF REPAYMENT							Γ			

	I hereby certify that I have completed the form myself and that all information is correct
DATE_	APPLICANT'S SIGNATURE



SECTION 6:	PAF	TICULARS	OF PAREN	T / GUARDIAN	(Section	6 to be cor	npleted by pare	ent or guardian)
FULL NAME	•							
ID NUMBER								
HOME ADDRESS								
TELEPHONE	CELL				WORK			
EMAIL (PLEASE F	PRINT)							
RELATIONSHIP T	O APPLI	CANT					NATIONALITY	,
OCCUPATION	FATHE	:R		MOTHER				
NAME & CONTAC CURRENT EMPLO								
NAME & CONTAC CURRENT EMPLO								
NAME & CONTAC CURRENT EMPLO GUARDIAN		LS OF						
SECTION 7:	INC	OME STATE	EMENT (Sed	tion 7 to be co	mpleted b	y parent or	guardian)	
NOTE: A full state employed) and gu								parents (if both are
ANNUAL	FATH	ER						
INCOME (R/YEAR)	MOTH	IER						
From all sources	GUAF	RDIAN						
ARE YOU ABLE T	O ASSIS	T THE APP	LICANT FIN	ANCIALLY?				
ANY FURTHER F	INANCIA	L INFORM	ATION YOU	WISH TO SUB	MIT			
I hereby certify that all the above information is correct and is a full reflection of family income								
DATE SIGNATURE OF PARENT/GUARDIAN								