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APPLICATION FOR A BURSARY

A. Personal Details	
Surname:	
First Names:	
Gender: Male/Female	
Date of Birth:	_
ID Number:	Age:
African Asian Coloured	Indian White
Disability: Yes No:	
Marital status:	
Home Language:	
Physical Address:	
Postal Address:	
Cellphone:	
Tel. no.: (h)	
Tel.: (w)	
Fax no.:	
E-mail.:	



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B. Academic History: Schooling:			
Highest Standard Passed:			
Year Completed:			
Subjects Passed In Highest Standard:	-		
	-		
	_		
	_		
C. Tertiary Education:			
1 ST Degree / Diploma / Course/ Qualification			
Highest Level Passed: Year Completed:			
Name of Institution:			
Subject Passed:			
Provide a full academic record from your Institution.			



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C. STUDY PLAN

	1.	Study course for which assistance is applied:			
	2.	Name of institution where course is to be held:			
	3.	Intended duration of study course:			
l.		Course details: (Indicate below in detail the course/s you intend to take as well as the proposed schedule.)			
	5.	MOTIVATION: Motivate reasons for intended course of study:			
-					



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ESTIMATE:

AMOUNT
No

D. DETAILS OF PARENTS/GUARDIAN/NEXT OF KIN

Please attach the following documentation to this application:-

- Applicant's Birth Certificate or identity document
- Applicant's Grade 12 certificate or proof of highest level of education acquired.
- □ Any supplementary examination results, where applicable.
- □ Proof of registration at University / College / Technikon / School.
- Statement / account / invoice / receipt from the Tertiary Institution / concerned to show the cost of study (where not possible, an estimate of these costs). This must be on an official document.
- □ Family income and affidavit regarding same.
- Admission letter to tertiary Institution for first time learners

Household Income Details

Surname Name	and	Relationship	Employer	Income Source	Income amount
			Total household		



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DECLARATION		
I, the undersigned, hereby acknowledge that I am fully acquainted with and accept the terms and conditions of the Siza Water External Bursary Scheme. I further certify that the information supplied in this application is correct.		
APPLICANT'S NAME	DATE	
 SIGNATURE		
IF STILL A MINOR, SIGNATURE OF PARENT/GUARDIAN		
	DATE	
Signature		
FOR OFFICE USE ONLY		
Receipt / Shortlisted Yes No		
Officials Name:	Officials Signature:	
Date:	Decision:	
Comments:		