

Annexure B3 Year

SCHOLARSHIP BURSARY APPLICATION FORM -Full-time Studies-

INSTRUCTIONS to applicants

- Closing date: ______
- Use block letters to complete the form.
- Give concise answers and, where applicable, mark with an X.
- This form may only be used by persons who are not staff members of the department.
- Attach a recent copy of your ID, academic records, and copies of qualification/certificates.
- Incomplete or late applications will not be considered.
- Forward Your completed application together with supporting document to the below email address:

Email address: EDI@westerncape.gov.za

A. Particulars of applicant

Title: Surname:	
First names:	
Male Female	
Identity Number:	
African Coloured Indian	White
Nationality:	Province:
Municipality:	Area:
Disability Yes No	
If YES, state nature of disability:	
Marital status:	Home language:

r Ostal address	Residential address:	
Postal code:	Postal code :	
E-mail:	Cellphone:	
Tel no. (h):	Code:	
Tel no. (w):	Code:	
Fax no.:	Code:	
B. High school information (Compulsory for all applicants)	
Name of the school:		
Crada Applied for		
Grade Applied for.		
School Address:	To	
School Address:		Level/Symbol
School Address: Years attended: From	To	Level/Symbol
School Address: Years attended: From	To Marks/%	Level/Symbol
School Address: Years attended: From	To	Level/Symbol
School Address: Years attended: From	To	Level/Symbol
School Address: Years attended: From	To	Level/Symbol
School Address: Years attended: From	To	Level/Symbol
School Address: Years attended: From	To	Level/Symbol
School Address: Years attended: From	To	Level/Symbol
School Address: Years attended: From	To	Level/Symbol

C. Incon	ne Status					
Father's o	occupation:					
Mother's	occupation:					
Guardian'	s occupation:					_
Mark your	combined paren	ts or guardia	ans' income (R)			Attach proof of income for both
Below 120 000	120 001–240 000	240 001-350	0 000 3	50 000-600 000	Above 600 000	parents and/or proof of income from SASSA
						NB NO AFFIDAVIT
No. of dep	pendents still at so	chool				
	ls of parents/ဋ	guardian/n	ext of l			
Initials: _			Full na	me:		
Identity N	umber:					
Relationsh	ip: Mother	Father	Other, specify			
Postal add	ress:			Residential	address:	
Postal cod	de			Postal code	e	
E-mail:				Cellphone:		
Tel no. (h)				Code:		
Tel no. (w):			Code:		

Code:

Fax no.:

E. Fields of study after completion of Grade 12

Fi	rst Choice		
Se	econd Choice (If any)		
Third Choice (If any)			
F.	. Documentation	•	acceptance letter to Agricultural School (if
ΡI	lease attach certified copies of the followin	q	applicable)
•	Identity document (Applicant)	•	Family income (Salary advice not older
•	Identity document (Parents/Guardian) Death certificates (If applicable)	•	than 3 months) SASSA confirmation letter (If applicable)
•	Academic Record of last school Grade obtained Recommendation letter towards bursary from sch	ool •	Proof of unemployment obtainable from the Department of Labour (If applicable)

G. Declaration

I certify that the information supplied in this application is correct and that, if I am awarded a bursary, I will abide by the regulations applicable.

Signature :	Date:	/	/_20	
If still a minor, signature of parents/guardian				
Signature :	Date:	/	/_20	

CHECKLIST

To be completed by Applicant		(Mark with an X)	
	Yes	No	
Identity document (Applicant)			
Identity document (Parents/Guardian)			
Death certificates (If applicable)			
SASSA confirmation letter (If applicable)			
Proof of income (Salary advice not older than 3 months) or confirmation letter of			
unemployment from Department of Employment and Labour			
Estimate quotation from school needs to be attached for the following: 1. School fees for each year			
 School fees for each year Accommodation and meals (if applicable) Study materials 			