

## **UNEMPLOYED BURSARY APPLICATION**

Field of Study	

## IT IS CRITICAL THAT THE PERSON APPLYING IS ALREADY STUDYING OR HAS BEEN ACCEPTED FOR STUDY AT A PREFERRED INSTITUTE

## SASSETA BURSARY FUND 2020/2021

## **INSTRUCTIONS**

- 1. Read carefully before completing, signing or submitting this form
- 2. Ensure that this form is completed in full
- 3. Complete in block letters
- 4. Ensure that this form is duly signed
- 5. Attach ALL of the following documents REQUIRED
  - 5.1 Certified copy of ID (not older than 6 months)
  - 5.2 Certified copy of Matric Certificate or statement of results (not older than 6 months)
  - 5.3 Proof of Registration/ Acceptance letter
  - 5.4 Tuition fees invoice/quotation
  - 5.5 Books quotation (if applicable)
  - 5.6 Attach certified ID copies and payslip of parents
  - 5.7 Attach an affidavit if parents are unemployed or self-employed

DETAILS OF INSTITUTE					
Type of Institute (Please tick)	Public TVET				
**NB: SASSETA will only fund a private	Public University				
institution should the course being studied is not offered at any of the public institutions	Universities of Technology				
Name of Institute					
Does It Address The Scarce Skills In The SASSETA SSP as Found on the Website					
Name of Qualification (e.g. Masters, Honours, Degree or Diploma)					
Field of Study (e.g. Engineering, Tourism, IT)					
Level of Study (Year1, Semester 1)					
Student number					

			PERSON	IAL D	ETAIL	S								
Title :Mr / Miss/ Mrs														
Surname														
First Names														
Identity Number														
Date of birth (d:m:y)	<b>'</b>	ı	<u>'</u>	1					I				I	
Place of birth														
SA Citizen	Yes		No				If no	ot, plea	ase spe	cify				
Gender	□М□	F				1								
Race (please tick)	African		Coloured				Indi	an				Whi	te	
Municipality	L.		L				Urbar	า				Rura	al	
Geographic	KwaZul		Eastern		West	eri	า	Limpo	оро		М	pumal	anga	
location(please tick)	u Natal		Cape		Cape									
	North		Northern		Gaute	en	g	Free	State					
	West		Cape											
Residential Address			l		l									
	_													
	_													
	Code:													
Postal Address (if different														
from above)														
	Code:													
Contact Details	Home Tel	Nu	ımber:											
	Cellphone	Nu	ımber:											
	Fax Numb	oer:												
	E-mail Ad	dre	SS:											
Have you been found guilty	Yes		No	If ye	s, pleas	se	spec	ify the	nature o	of of	fenc	се		
of a criminal offence?														

Please provide details of any disabilities or impairments or special learning requirements you may have as per the categories provided (Please mark with X)					
Disability	Yes	No			
Physically Disability					
Visual Disability					
Hearing Disability					
Mental Disability					
Intellectual Disability					
Psychiatric Disability					
Multiple Disability					
Impairments					
Special Learning					
Requirements					
Please provide your total		-			
household income					
Home Language					

HIGH SCHOOL RESULTS						
(Attach certified copy of matric results or latest Grade 12 results)						
Name of school:						
Subjects(List them below)			Marks			
Contact Details and Address of high	school:					
Contact Person:						
Contact Number						
Address of High School:						
Street Name						
suburb						
Province						
Postal Code						
Please state other sources of funding	(Tick)					
Loan	Yes		No			
If yes with whom?	103	'	10			
Other Bursary Schemes	Yes	1	No			
If yes with whom?	1	<u> </u>	· · · · · · · · · · · · · · · · · · ·			
Please attach proof of such loan/ bursary scheme as indicated above.						

DETAILS ABOUT PARENT(S) / GU	JARDIAN / NEXT OF KIN		
	Father	Mother	Guardian
Surname	- ame.	motils.	- Cuar s. s
First names			
Residential address			
Postal address			
Contact telephone numbers			
Employer			
E-mail			
	DECLARATI	ION	
I hereby declare that <b>ALL</b> the informand acknowledge that if any of the incorrect, my application will be dis	information provided in this	·	
SIGNATURE OF APPLICANT		DATE	

Application Check List Supporting Documents
Please Ensure That You Have Attached the Following Supporting Documents:

Item	Yes	No
Certified copy of ID (not older than 6 months)		
Certified copy of Matric Certificate or Statement of Results		
Proof of Registration/ Acceptance letter		
Tuition Fees/ Invoice or Quotation of fees		
Books Quotation (If Applicable)		
Attach certified ID copies and payslip of parents		
Attach an affidavit if parents are unemployed or self-employed		

DATE

SIGNATURE OF PARENT/ GUARDIAN/ NEXT OF KIN