



BURSARY APPLICATION FORM

DOC NO	COMM 01
PAGE	
REV	03
DATE	12/10/2022

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.: _____



BURSARY APPLICATION FORM

DOC NO	COMM 01
PAGE	
REV	03
DATE	12/10/2022

B. Academic History: Schooling:

Highest Standard Passed: _____

Year Completed: _____

Subjects Passed In Highest Standard: _____

C. Tertiary Education:


1ST Degree / Diploma / Course/ Qualification _____

Highest Level Passed: _____ Year Completed: _____

Name of Institution: _____

Subject Passed: _____

Provide a full academic record from your Institution.

 siza water A SAWW Company	BURSARY APPLICATION FORM	DOC NO	COMM 01
		PAGE	
		REV	03
		DATE	12/10/2022

ESTIMATE:

DETAILS	AMOUNT
Registration Fees	
Tuition Fees	
Books	
Examination Fees	
TOTAL	

Other financial assistance: **Yes** **No**

If yes: Name and address of institution:

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 and Name	Relationship	Employer	Income Source	Income amount
		Total household		



BURSARY APPLICATION FORM

DOC NO	COMM 01
PAGE	
REV	03
DATE	12/10/2022

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

Ward Councillor comments and Rubber Stamp

-

-

-

-

Signature.....

FOR OFFICE USE ONLY

Receipt / Shortlisted Yes No

Officials Name: _____ Officials Signature: _____

Date: _____ Decision: _____

Comments: _____
