

BURSARY APPLICATION FORM

Please mark your answer with an "x" (cross) where applicable.													
Ensure that all fields are completed, and all supporting documentation is attached.													
Incomplete a	Incomplete application forms will not be considered.												
SECTION 1: APPLICANT'S PERSONAL INFORMATION													
	ID NO ARSA CITIZEN?										GEN	DER	
										Yes	No	M	F
SURNAME						NAM	ES						
DATE OF BIRTH							E NO.						
E-MAIL ADDRESS						CELI	NO.						
PHYSICAL ADDRESS													
	POPULATION	ON GI	ROUP				DO.	YOU S	UFFE	R FROM A	DISABILI	TY?	
Black	Coloured Indian White					Yes	No		ŀ	f yes, plea	se specify	/	
SECTION2: ACADEMIC INFORMATION													
Proposed study programme next year. (e.g. Degree BEng or Diploma Electrical Engineering)													
Name of tertiary institution where you intend studying full time next year													
Which career following on costudies													

SECTION2: ACADEMIC INFORMATION – CONTINUE						
Highest qualification already obtained (e.g. Grade 11 or Grade 12)						
Name of school you currently attending or attended						

SECTION3: SCHOOL RESULTS								
Provide your results in the relevant spaces below. Please submit proof of results with completed form								
Overall Average (%)	Grade 11 results (%)	Grade 12 results (%)	Pre-lim Grade 12 Results (%)	Final results Grade 12 (%)				

SECTION 4: FAMILY / GUARDIAN DETAILS												
FATHER/ GUARDIAN SURNAME				NAME	S							
DATE OF BIRTH					WORK NO.	(TEL						
			ID NO				ARE YOU A RSA CITIZEN?					
										Yes	No	
E-MAIL ADDRESS			CELL	NO.								
MARITAL STATUS	Married		Divorces / separated		Single Deceased		sed	Widowed				
EMPLOYED	Yes No				TOTAL GROSS MONTLY INCOME (Please provide proof)							
NAME OF EM			•									
OCCUPATIO												

SECTION 4: FAMILY / GUARDIAN DETAILS															
MOTHER SURNAME							MOTH NAME								
DATE OF BIRTH							WORK NO.	TEL							
	<u> </u>				ID NO			1		ARE YOU A RSA CITIZEN?					
												Yes	No		
E-MAIL ADDRESS							CELL	CELL NO.							
MARITAL STATUS	Married Divorces / separated				Sin	Single Deceased				Widowed					
EMPLOYED						TOTAL GROSS MONTLY INCOME (Please provide proof)									
NAME OF EMPLOYER															
OCCUPATION															
Please provide total number of members of your family who are living at your home, including yourself and your parent(s)															

SECTION 5: TESTIMONIAL BY EDUCATOR I, the undersigned testify as follows concerning the bursary applicant: Academic potential of applicant Leadership qualities of applicant I recommend this applicant for a bursary because: Name & Surname Name of School / **Position** Institution Work tel Cell number number Signature Date Official stamp

SECTION 6: WE WOULD LIKE TO KNOW MORE ABOUT YOU					
Please describe yourself					
Please describe your family background and circumstances					
Name your achievements to date					
What are your leadership qualities and experience					
What are your personal strengths					
What are your personal development areas					
What motivates you					

SECTIO	SECTION 6: WE WOULD LIKE TO KNOW MORE ABOUT YOU						
Describe what you know of the career path you have chosen for yourself							
I declare that I am aware of the collection criteria and that I understand it							

I declare that I am aware of the selection criteria and that I understand it.

I declare that the information supplied in this application is to the best of my knowledge true and correct. I understand that any false information will automatically disqualify me.

Full name(s) and surname	
Signature	
Date	

You are required to submit copies of the following supporting documentation to bursaries@beka-schreder.co.za:

- 1. ID document (certified copy)
- 2. Latest Matric results, if currently in Matric (certified copy)
- 3. Matric certificate, if completed Matric (certified copy)
- 4. Proof of acceptance to study at an accredited tertiary institution
- 5. Motivation letter in support of bursary application
- 6. Proof of household income
 - 6.1. Certified copies of parent's payslips
 - 6.2. If parent/s is self-employed a copy of the latest audited financial statements or an affidavit declaring monthly income

These documents are compulsory, if any item is missing, your application will be disregarded.

For any queries related to this bursary programme, please contact BEKA Schréder (Pty) Ltd directly: Tel: 011 238 0085 – Training Department

Please note that your application will be verified within 3 weeks from date of application and only accepted applicants will be contacted.