

ANDM EXTERNAL BURSARY APPLICATION FORM FULL TIME STUDIES

INSTRUCTIONS REGARDING THIS BURSARY FORM

- Use block letters to complete the Application form
- Give concise answers and where applicable mark with X Attach certified copies of the following:
- > Identity document
- > Grade 12 certificate or latest results for current grade 12 leaners
- > Acceptance letter from recognized tertiary institution
- Motivation letter(section 4 of the application form)
- > Proof of income
- > Proof of residence from ward Councilor

Where did you hear about Alfred Nzo Bursary?

Newspaper	Online	Friend	Facebook	Other (please
				specify)



1 DARTICIII ARS OF APPLICANTS

Student number:

I I ANTICOLANS OF	ALL LICANIS			
Surname:				
First Names:				
Identity number:				
Date of birth:				
Gender:	Female		Male	
Race:	African	Coloured	Indian	white
Disability:	Yes No	If yes please sp	pecify the natur	e of disability
Call phone no:		Alternative o	all no	
Cell phone no: Home Tel no:		Fax no:	eli fio.	
Email Address:		rax 110.		
Postal Address:		Physical Add	droce:	
Pusiai Addiess.		Filysical Au	u1655.	
2.PARTICULARS OF	APPLICANTS			
NB: please attach cert	ified copies of late	st grade 12 result	s, grade 12 cert	ificate, and or tertiary
results and academic	record			
What are doing this	Grade 12	Full-time	etertiary	Gap year
year:		studies		
Highest educational q				
Name of the school ye		tending		
Or where you comple				
Name of tertiary instit	ution you are curre	ently registered a	t if you have co	ommenced your
tertiary studies				
Proposed programme	o for 2021			
Proposed programm	E 101 202 1			
First year students 20)21			
First choice:	<u>- · </u>			
Institution:		Campus:		
Second choice				
Institution				
		Campus:		
	s 2021	Campus:		
Second year students Name of the qualificat		Campus:		

Attach a certified copy of your latest results and academic record



3. DETAILS OF PARENTS/LEGAL GUARDIAN AND FAMILY (LIVING WITH YOU)											
Attach a proof of income: payslip, grant receipt etc.											
Surname: First names:											
Relationship:	Father		Mother		Legal G	uard	lian		Other,		
											specify
Marital status:	Married	Divo	rced	ed Separated		ed	Unmarri	ed Deceased		ased	Widowed
Employed:	ves		No				sioner	ye	1		no
Surname:		1			F	irst n	names:			I	
Relationship	Father			Mother			Legal G	uard	lian		Other,
											specify
Marital status:	Married	Divo	rced	ced Separa		ed	Unmarried Dece		ased	Widowed	
Employed:	yes		No				sioner	ye	1		no
Surname:				First names:							
Relationship	Father			Mother			Legal G	uard	lian		Other,
											specify
Marital status:	Married	Divo	rced	Separated		Unmarried Deceased		ased	Widowed		
Employed:	yes		No				sioner	ye			no
Other members of your family who are living at your home not mentioned above											
Name				egory (child, dent Adult		income (per month)		type of income (wages, grant			
	,										
	grandpar	ırent)						pension			



4. MOTIVATION WHY YOU MUST BE CONSIDERED FOR ANDM BURSARY(use additional pages if necessary)	
DECLARATION	
I hereby declare that all the information provided (including any attachments) is complete and correct to the best of my knowledge. I understand that any false information supplied could lead to my application being disqualified.	
Applicants signature : Date	