

W&RSETA Bursary Scheme

BURSARY APPLICATION FOR 2012 FUNDING

A. STUDY DETAILS

INSTITUTION			
CAMPUS			
STUDENT NUMBER			
STUDY COURSE (E.g. BSc, BCom, NDip, BTech)			
DISCIPLINE (E.g. Logistics, Accountancy)			
YEAR OF STUDY (E.g. 1 st , 2 nd , S1/S2)			

B. PERSONAL DETAILS

TITLE (MR, MRS, MS, DR, etc.)		IDENTITY NUMBER				
INITIALS		RACE		MALE		FEMALE
SURNAME						
FIRST NAMES IN FULL						

DATE OF BIRTH (d:m:y)		AGE AT DEC 12	
POSTAL ADDRESS		PHYSICAL ADDRESS	
POSTAL CODE		POSTAL CODE	
PROVINCE		PROVINCE	

HOME TELEPHONE NUMBER	AREA CODE		NUMBER	
WORK TELEPHONE NUMBER	AREA CODE		NUMBER	
FAX NUMBER	AREA CODE		NUMBER	
APPLICANT CELL NUMBER			ALTERNATIVE CELL NUMBER	
E-MAIL ADDRESS				
EMERGENCY CONTACT	NAME		NUMBER	

PLACE OF BIRTH			
SA CITIZEN	Yes <input type="checkbox"/> OR Permanent Resident Yes <input type="checkbox"/>		
MARITAL STATUS	Single <input type="checkbox"/> Married <input type="checkbox"/>		
DO YOU SUFFER FROM ANY CHRONIC ILL NESS OR PHYSICAL HANDICAP?	YES <input type="checkbox"/> NO <input type="checkbox"/>		
If yes please give details			
HAVE YOU BEEN CONFLICTED OF ANY CRIME?	YES <input type="checkbox"/> NO <input type="checkbox"/>		
If yes please give details			

C. PARENT / GUARDIAN DETAILS

TITLE (MR, MRS, MS, DR, etc.)		IDENTITY NUMBER	
INITIALS		NATURE OF RELATIONSHIP	
SURNAME			
FIRST NAMES IN FULL			
OCCUPATION			
PLACE OF WORK			

HOME TELEPHONE NUMBER	AREA CODE		NUMBER	
WORK TELEPHONE NUMBER	AREA CODE		NUMBER	
CELL NUMBER			E-MAIL ADDRESS	

D. FUNDING INFORMATION

Please indicate how you are / have funded your studies to-date:

NSFAS (TEFSA)	MERIT AWARDS	BANK LOANS	COMPANY BURSARY	FAMILY	UNIV/TECH BURSARY	OTHER
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My total loan debt to-date is:

NFSAS	
UNIVERSITY	
COMPANY BURSARY	
BANK	
TOTAL	

NOTICE

Your application for funding will be disqualified if the following certified documentation is not submitted with this application:

- Copies of all academic results to-date including matric certificate, and each year / semester of study completed. All test results to-date for the current year of study must also be attached.
- **Certified** copy of your Identity Document.
- Copy of proof of registration at institution.
- Copy of current fee account.

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 from obtaining any funding and could further lead to me being charged in a Court of Law for fraudulently receiving funding. I confirm that the receipt of bursary funding will carry a one year obligation within the Wholesale and Retail Sector in South Africa.

SIGNATURE _____ PLACE _____ DATE _____

PLEASE RETURN THIS APPLICATION FORM TO

Career Wise (Pty) Ltd

PO Box 30632, Braamfontein, 2017

E-mail: wrseta@careerwise.co.za or liyandam@careerwise.co.za

Fax: 086 244 1439 or 086 244 1438