



**THEBE  
FOUNDATION**

## **Bursary Application Form**

**Name of Applicant**

.....

**APPLICATION FORM**

PERSONAL INFORMATION	
Surname:	
First Names:	
Preferred Name:	
Date of Birth: (dd/mm/yy)	
Identity Number:	
Gender:	
Population Group (Black, Indian, Coloured)	
Disability	
Home language	
Citizenship	
Home Address: Including Province and Municipality	
Postal Address	Code:
Cell Number:	Code:
Home Tel Number:	
Email Address:	

PARENT/GUARDIAN INFORMATION	
Source of Income	
Name of Employer	
Employer' s address	
Source of Income	
Name of Employer	
Employer' s address	
EDUCATION QUALIFICATIONS	
HIGH SCHOOL EDUCATION	Name of School:
	Highest Qualification:
	Year obtained:
POST SCHOOL EDUCATION	Name of institution:
	Highest Qualification:
	Year obtained:
PARTICULARS OF NEW STUDY PROGRAMME	Name of Institution:
	Institution Address:
	Campus (e. g. Kimberly):
	Student Number:
	Intended Qualification: Degree <input type="checkbox"/> Diploma <input type="checkbox"/>
	(tick appropriate box)
	Current field of Study (e. g B. Ed):
	Major/Specialization (English):
	Year of Study:
	Year/s to complete studies:
Number of years of study (e. g 3 years):	

**DECLARATION**

I, ..... in my capacity as applicant, declare that the above particulars are complete and correct to the best of my knowledge. I understand that any false information will automatically disqualify me from obtaining any funding.

\_\_\_\_\_  
 \_\_\_\_\_  
 Signature of applicant

Date

1. \_\_\_\_\_

\_\_\_\_\_  
 Witness signature

Date

2. \_\_\_\_\_

\_\_\_\_\_  
 Witness signature

Date

**Important:** Please attach the following documents

- Certified ID copy,
- Latest academic transcripts/results
- Proof of registration
- Fee statement for 2018,
- Certified copies of Parents/Guardians Identity Document
- Certified copy of Parents/Guardians payslips or proof of income incl. SASSA grants (**for the whole family to determine whether applicant is financially deserving**)
- Certified Affidavit if parents/guardians are unemployed
- Brief motivation for funding (not more than 1 page)

**Please note that an incomplete application and attachments listed above WILL disqualify your application.**

**FOR OFFICE-USE ONLY**

APPLICATION NO.: \_\_\_\_\_

APPLICATION REVIEW DATE \_\_\_\_\_

DATE RECEIVED: \_\_\_\_\_

ACCEPTED: YES  No

**NOTIFICATION DATE:** \_\_\_\_\_