

ORIGINAL CHIETA DOCUMENT

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BURSARY APPLICATION FORM YEAR 2018

Please attach certified copies of the following:

- Statement of final results for the 2017 academic year or statement of semester results for 2018 academic year.
- <u>Certified</u> ID copy (not older than 3 months).

Closing date:

• 31 July 2018, No late applications will be considered.

Section A: Personal Details	-							
Name(s) of Leaner								
Surname								
ID number								
Date of Birth					_			
Contact number								
Email								
Gender	Male			1	Female			
Equity	Black		Indian	C	Coloured	Wh	nite	
				·				
Physical Address								
Thysical Address	Municipa	lity						
	Province				Code			
Postal Address (if not the same as above)	Municipa	lity						
	Province				Code			

Section B: Details of studies applied for	
Name of Course/Degree/Diploma	



		ODICINAL CHIE	
Name of Institution		ORIGINAL OHIE	
Please indicate which year o	f study funding	is applied for	
Year of Study (Please tick wh	nere	Cost	
applicable)			
First		R	
Second		R	
Third		R	
Fourth		R	

Section C: Details of Family

- 1. Attach the most recent proof of income of PARENT(S)/GUARDIAN(S) (salary pension slip not older than 3 months).
- 2. A certified copy of the Pension slip (not older than 3 months of your PARENT(s)/GURDIAN(s) or any other member of the household must be attached if he/she is a pensioner.
- 3. A sworn statement (not older than 3 months) must be attached if your PARENT(S)/GUARDIAN(S) is unemployed.
- 4. Attach CERTIFIED copies of IDENTITY DOCUMENTS of the applicant and PARENT(S)/GUARDIAN.

Details of Mother		
Name(s) of Mother		
Surname		
ID number		
Contact number	()	Mobile No.
Dhusiaal Adduces		
Physical Address	Municipality	
	Province	Code
Destal Address (if not the same as shows)		
Postal Address (if not the same as above)		



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HEAD OFFICE 2 Clamart Road, RICHMOND, JOHANNESBURG 2092 PO Box 961, AUCKLAND PARK 2006 Tel: 011 628 7000 | Fax: 011 726 7777 Email: info@chieta.org.za | Website: www.chieta.org.za

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			Municipal	ity		115	- 177 h		ONLINI	-
			Province			Co	de			
Occupation							_			
Employer Name										
What type of employer is this?			Private Governm		nmei	nt				
If unemployed are they claim	ing from U	JIF?								
			Yes			No				
Source of Income (Please tick)	Wages		Salaries		Grant	S		Otl	her	
Gross monthly earnings					R					

Details of Father										
Name(s) of Father										
Surname										
ID number										
Contact number			()			M	obile N	о.		
Dhusical Address										
Physical Address			Municipalit	у						
			Province			Co	de			
									•	
Postal Address (if not the same as	s above)		Municipality							
			Province			Со	de			
Occupation										
Employer Name										
What type of employer is this?			Private	2		Government				
If unemployed are they claiming f	rom UIF?									
			Yes			No				
Source of Income (Please tick)	Wages		Salaries		Grants			Ot	her	
		1								



Gross monthly earnings	R

Details Guardian						
Name(s) of Guardian						
Surname						
ID number						
Contact number	()		Мо	bile No.		
Physical Address	Municipality					
	Province		Со	de		
		·			·	
Postal Address (if not the same as above)	Municipality	Municipality				
	Province			Code		
Occupation			l			
Employer Name						
			1			1
What type of employer is this?	Private			Governm	ent	
If unemployed are they claiming from						
UIF?						
	Yes		No			
Source of Income (Please tick) Wages	Salaries	Grants		Ot	ther	
Gross monthly earnings		R				



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Section D: Details of Family structure

- 1. Starting with the student, list ALL the family, members (including parents) residing permanently in your home that is dependent on the parent(s)/guardian's income.
- 2. If other siblings are students registered at a tertiary institution attach their proof of registration.

Name	Surname	Identity number	Relationship with applicant ¹	Currently busy with ²

Section E: PREVIOUS AND CURRENT FINANCIAL AID (Provide details on any previous and current financial aid that you have received)				
Name of Sponsor	Year Received	Amount received	Nature of Aid	

¹Spouse/ Partner/ Brother/ Daughter/ Son/ Uncle/ Aunt/ Grandparent/ Other ²Studying/ Out of School/ Unemployed/ Employed



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Section F: Motivation (Provide reasons why you are requesting a bursary and why you believe it should be awarded to you. Also include any other information we should be aware of)

Section G: Declaration and signatures		
We declare this information to be true and correct <u>. This application is not a guarantee for funding. The CHIETA</u> will allocatebursaries at the discretion of management based on the CHIETA bursary policy.		
Person	Signature	Date
Applicant		
Mother / Guardian		
Father / Guardian		

FOR BURSARY OFFICE USE ONLY



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	ORIGINAL CHIETA DOCUMENT
Date received: //2018 Received b	уу:
Signature of Recipient:	