

Doc No.	
Rev No.	01

Please complete all sections in BLOCK CAPITALS:

1. PERSONAL DETAILS			
Surname:		Title: Mr / Miss / Mrs / Ms	
First Names:		ID Number:	
Home Language:		Nationality:	
2. CONTACT DETAILS	_		
	At Tertiar	y Institution	Home
Telephone numbers			
Email address			
Cell number			
Address			
(including city and province:			
Richards Bay, Kwazulu Natal)			
	l.		I
3. <u>TERTIARY STUDIES (curren</u>	nt / intended studie	es)	
Institution:			
Degree/Diploma (include field of study	v): e.g. BSc Civil		
Year commenced studies:			
Present year of study: e.g. 1st, 2nd or 3	S1 / S2 , etc.		
Expected completion date:			
For how many years will assistance be	e required:		
Where will you stay during your studie	es (e.g. at home):		
Results: Please attach matric and tert	iary academic reco	rd to date	
4 BACKBOUND			
4. <u>BACKROUND</u>			
Where did you grow up?			

What school did you attend?				
Do you have any siblings? If so, he	ow many?			
Do you live: Alone [ ] With pare	nts [ ] In	digs[] In res[]	With friends [ ]	
How would you describe your heal	th: Excellent	[] Good[] Averaç	ge[] Poor[]	
Do you have any Disabilies : Yes [	] No[]			
If Yes, please describe the nature	of your disability	:[] vision Impairment.[]	deaf or hard of hearing.	
[ ] mental health conditions.	[ ] intellectua	ıl disability. [ ]autism spectrur	m disorder. [ ] physical disability.	
Please describe further :				
5. ACHIEVEMENTS				
SPORTS		HOBBIES	AWARDS	
3F0K13		HOBBIES	AWARDS	
6. OTHER STUDIES AND E	MPLOYMENT			
		Current	Past	
Details of any other studies / working experience				
Are you employed, either part time				
of full time?				
If yes, by whom?				
7. BURSARY AWARDS / OBLIGATIONS  Details of bursaries previously received:				
Year Co	Year Company Amount Service/Financial Obligations			

8. <u>FINANCIA</u>	AL IMPLICATIONS					
What do you expect the costs for your studies to be next year?						
Fees	Books Accommodation Meals Transport Other					
				<u> </u>		
How much can you	ur family contribute t	owards the costs? R .				
How much is your box	parent's/guardian's	combined gross (befo	re deductions) mo	onthly income: <i>Please</i>	tick appropriate	
R0 – R30,000 [	] R30,0	001 – R50,000 [ ]	R50	,001 and above [ ]		
If you don't get fun	ding, how will you c	over other costs?				
9. <u>MOTIVAT</u>	ION					
Reasons for reque						
What are your career plans after qualifying?						
Signature of applic	ant			Date: dd / mm / y	ууу	

## 10. **PARENT / GUARDIAN DETAILS FATHER** Title: Surname: First Names: Occupation: Employer: Contact details: **Employer** Home Telephone numbers ( ) ) Address **MOTHER** Title: Surname: First Names: Occupation: Employer: Contact details: **Employer** Home Telephone numbers ( ) ) Address

Signature of parent/guardian:	 Date: dd / mm / yyyy

## 11. **UNDERTAKING**

I herby certify that to the best of my knowledge the above information is true and correct. In the event of assistance being granted, I am prepared to enter into the required agreement with the Company in terms of the bursary conditions.

## 12. <u>ATTACHMENTS NB!</u>

- Matric certificate / latest results
- Copy of Tertiary Institution academic record to date
- Passport photo
- CV
- ID copy
- If disabled, proof of disability i.e. medical letter or SASSA card.

Please ensure that you have completed all sections. Incomplete bursary applications will not be considered.

<u>RE</u>	<u>TU</u>	<u>RN</u>	AD	<u>DR</u>	<u>ES</u>	<u>S:</u>

bursaries@leomat.net

Thank you for applying for a Bursary with LEOMAT Construction (Pty) Ltd.

Should you not have heard from Leomat within 30 days please consider your application unsuccessful.