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SACTWU BURSARY FUND APPLICATION FORM 2019

When completing the form please comply with the following:

1. Please note that it is a requirement for all information requested on the application form to be completed in full. All documents requested must be certified copies and submitted promptly (Your local Post Office or Police Station will be able to certify the documents).
2. Please ensure that the correspondence address provided at the top of page 4 is the address at which you will receive your mail. Please inform us immediately of any changes.
3. Please ensure that you provide us with an email address and where possible a student's email address from the respective registered institutions.
4. Applications for study at any FET / TVET College shall not be considered.
5. Where the member is the biological parent the following document has to be submitted:
 - Certified copy of an unabridged birth certificate of the student from the Department of Home Affairs, indicating the parent's names
6. Where the member is a legal guardian it is compulsory to provide the following:
 - Valid letter of guardianship from Department of Social Development / Court Order
 - Member's marriage certificate and both member and spouse identity documents
 - The death certificate of student's biological parents.
7. Where the member is applying for his/her spouse it is compulsory to provide:
 - Member's marriage certificate and member and spouse identity documents.
8. Please ensure that the checklist provided on page 4, is completed in full and all the required documents are submitted.
9. All students who are child dependants and have received a Sactwu bursary are required to do 50 hours of community service and submit proof to the Sactwu Bursary Department, failing which penalties will apply. Should a student do more than the 50 hours of community service then a further 5% will be added to the qualifying bursary award.
10. Sactwu does not pay 100% of the tuition fees.
11. A copy of the bursary fund rules is attached to this application.

CLOSING DATES:

28th February 2019 for full year and 1st semester study
8th August 2019 for 2nd semester study

TO BE COMPLETED BY STUDENT

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DETAILS OF STUDENT

Surname: _____

First Names in full: _____

Identity Number: _____

Date of Birth (dd/mm/yy): _____ Age: _____

Ethnic/Population Group: _____ Gender Male Female

Marital Status: Married Single

Home Address: _____

_____ Code: _____ Province: _____

Contact No. (Home): _____ Cell No: _____

Email Address _____

How is the SACTWU member related to you:

Mother Father Guardian Spouse or are you a Member Staff

(if member is the legal guardian, please provide letter from Department of Social Development / Court Order)

DETAILS OF PROPOSED STUDY DURING 2019

Faculty:

Arts	Commerce	Health Science	Education	Engineering
Law	Humanities	Built Environment	Science	Other

Nature of study: Certificate Diploma B – Tech Degree Post Graduate

Course: (Eg: BSc – Engineering): _____

Occupation for which you are studying: _____

Duration of course: 1yr 2 yrs 3 yrs 4 yrs 5 yrs 6 yrs 7 yrs

Academic year of study: 1st 2nd 3rd 4th 5th 6th 7th Final

Is this your final graduation year? Yes No

Did you fail any modules? Yes No

If yes, which modules did you fail: _____

Have you changed your faculty or course? Yes No

Is your registration: Annual Semester

Commencement date of study (dd/mm/yy): _____

Your student registration number: _____

Tuition fees for the year 2019: _____

Name of institution of study in 2019: _____

Faculty Tele no: (____) _____ Faculty Fax no: (____) _____

Have you received a bursary from SACTWU in the past? YES NO

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If Yes, please complete the following:

Have you received a bursary from another sponsor?

If yes, please complete the following:

Year	Amount

Year	Name of Sponsor	Amount

Are you studying part-time/full-time?

Part - Time

Full - time

Are you employed /unemployed?

Employed

Unemployed

I have completed an application form to join the SACTWU Students Union (SASU) and agree to undertake 50 hours of community service as set out in the application form.

No of community service hours completed in 2018: _____

Did you attend Sactwu Winter School? _____ If so, which year: _____

Signature of student: _____ Date: _____

TO BE COMPLETED BY MEMBER

DETAILS OF SACTWU MEMBER

Surname: _____

First Name in full: _____

Identity Number: _____

Home Address: _____

Code: _____ Province: _____

Contact no (Home): _____ Cell: _____

Name of Workplace: _____

Factory Address: _____

Code: _____ Province: _____

Telephone number of Workplace: (_____) _____

Fax number of Workplace: (____) _____

Your Occupation: _____ Clock No _____

How many years have you been employed in this workplace? _____ Council No: _____

Date first employed at this workplace: _____

How many years have you been a union member? _____

I am employed in the: Clothing Textile Leather Other Staff

SACTWU Province: _____ SACTWU Branch: _____

I, (Name and Surname of member): _____

I hereby confirm that the information furnished above is accurate. I grant the union the permission to render an enquiry to verify this information.

Signature of Sactwu member: _____ Date: _____

Postal address for all correspondence:

_____ Code: _____ Province: _____

CHECKLIST - TO BE COMPLETED BY THE STUDENT

The following documents must be submitted with this application:

		Yes	No
1	Certified copy of student's identity document		
2	Certified copy of member's identity document		
3	ID size photo of applicant		
4	Latest certified copy of member's payslip		
5	Original/certified copy of detailed statement of account from institution for 2019 (cost per module)		
6	Certified copy of matriculation certificate if 1 st year of study or 1 st time applicant		
7	Certified copy of academic record for previous years of study (all years)		
8	Proof of biological parents: *certified copy of unabridged birth certificate indicating parents name		
9	Proof of Guardianship *Valid letter from Department of Social Development /Court Order *Member's marriage certificate and member and spouse ID *death certificate of student's biological parents		
10	Proof of Marriage (in the case of application for spouse) *Marriage certificate and copies of ID for member / spouse		
11	Affidavit from member re status of employment (if member has been retrenched)		
12	Affidavit from applicant stating employed/unemployed if studying part-time or through correspondence (if employed part-time/contract – attach payslip)		
13	Completed Application Form to join SASU(only applicable to child dependants)		

Postal address

SACTWU Bursary Department
P.O. Box 18359
Dalbridge 4014
Tele: 0313011351
Fax : 0865003646

Delivery address:

3RD Floor - James Bolton Hall
127 Magwaza Maphalala Street
Durban 4001
Email: bursaries@sactwu.org.za
Website : www.sactwu.org.za

WE WISH ALL STUDENTS THE VERY BEST FOR THEIR STUDIES IN 2019