SOUTH AFRICAN ASSOCIATION OF WOMEN GRADUATES Founded 30 May 1923



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NATIONAL FELLOWSHIPS APPLICATION FORM 2019 Applications to be submitted only between 1 January 2019 and 25 March 2019 deadline

N.B. PLEASE INCLUDE WITH YOUR APPLICATION: ✓ Proof of 2019 registration ✓ 2018 end of year results ✓ Certified copy of ID / Passport ✓ Letter of recommendation from your institution faculty ✓ Synopsis of thesis research (if applicable)			
		AWARD(S) YOU ARE	E APPLYING FOR:
NAME OF WEBSIT	E OR PUBLICATION WHERE YOU READ ABOUT THIS/		
THESE AWARD(S):			
SURNAME:			
FIRST NAME(S):			
RESIDENTIAL ADDR	RESS:		
POSTAL ADDRESS:			
	1BER:		
LANDLINE:	CELL:		
	E YOU ARE STUDYING:		
STUDENT NUMBER:	:		
DEGREE / DIPLOMA	.		
	F STUDY (e.g. 2 nd year) & FIELD OF STUDY/SUBJECTS:		
TITLE OF THESIS (w	here applicable):		
DETAILS OF FINANC	CIAL NEED:		
OTHER INFORMATI	ON YOU MAY WISH TO PROVIDE: (e.g. purpose of this		
field of study / resea	rch, future plans, etc):		
DATE:	SIGNATURE		