

The WESTFALIA EDUCATION FUND APPLICATION FORM



PLEASE COMPLETE THE APPLICATION FORM IN BLOCK LETTERS

SURNAME OF APPLICANT _____

FULL NAMES OF APPLICANT _____

APPLICATION AND SUPPORTING DOCUMENTATION

SUBMISSION DEADLINE DATE

APPLICATION FOR BENEFITS	31 AUGUST 2022
CONFIDENTIAL REPORT	31 AUGUST 2022
MID YEAR ACADEMIC RESULTS	31 AUGUST 2022
PROOF OF ENROLMENT AT THE TERTIARY INSTITUTION FOR 2023	13 JANUARY 2023
CERTIFIED COPY OF IDENTITY DOCUMENT	31 AUGUST 2022
QUOTATION FROM INSTITUTION	31 AUGUST 2022
CERTIFIED COPY OF ACADEMIC FINAL RESULTS (LATE SUBMISSIONS WILL NOT BE CONSIDERED)	13 JANUARY 2023 (WHEN ISSUED)

IMPORTANT

1. Please complete **all pages** of the *Application for Benefits form (Annexure B)*.
2. Please submit your *latest academic results – the official mid-year (June) results*.
3. First Time applicants should forward a certified copy of their final Senior Certificate / Grade 12 certificate/Academic results to their HR department as soon as it becomes available but no later than 8 January of the New Year.
4. Please provide proof of enrolment at the Tertiary Institution in 2023. Incomplete applications will not be considered.
5. All applicants are to provide fully completed forms along with all supporting documentation, in order to be considered. Incomplete applications will not be processed.

Students may not change their course or institutions during their academic year without prior notification and authorisation from the Office Human Resources Department.

Incomplete applications will not be considered.



APPLICATION FOR FUNDING FORM - *FIRST TIME APPLICANTS*

This application must be completed by the applicant in his or her own handwriting and must be submitted to the Human Resources Department concerned on or before 1 August of the year before the intended year of study.

STUDENT TO COMPLETE: PERSONAL PARTICULARS					
SURNAME <i>(BLOCK LETTERS)</i>				TITLE: <i>(i.e. Mr / Ms)</i>	
FIRST NAMES <i>(IN FULL)</i>			PREFERRED NAME		
DATE OF BIRTH			IDENTITY NO		
GENDER			RACE		
TELEPHONE NUMBER	CODE	NUMBER		CERTIFIED COPY OF ID ATTACHED	YES NO
CELLPHONE NUMBER					
EMAIL ADDRESS					
YOUR HOME ADDRESS					
YOUR POSTAL ADDRESS					
MUNICIPALITY			PROVINCE		
PERSON WITH DISABILITY	YES ②	NO ②	SPECIFY NATURE OF DISABILITY: _____		
CRIMINAL RECORD	YES ②	NO ②			
DETAILS OF PARENT OR LEGAL GAURDIAN					
SURNAME <i>(BLOCK LETTERS)</i>					
FIRST NAMES <i>(IN FULL)</i>					
ID NUMBER			RELATIONSHIP TO APPLICANT		
EMPLOYEE NUMBER <i>(HMH Group Employees only)</i>			EMPLOYER		
JOB GRADE			SITE LOCATION		

(HMH Group Employees only)		(HMH Group Employees only)	
JOB TITLE/ POSITION (HMH Group Employees only)		EMPLOYMENT DATE (HMH Group Employees only)	
DETAILS OF DEPENDANT CHILDREN			
POSTAL ADDRESS			
EDUCATIONAL DETAILS			
NAME OF HIGH SCHOOL		(LOCATION) TOWN WHERE YOUR HIGH SCHOOL IS	
PROVINCE WHERE YOUR HIGH SCHOOL IS			
FINAL HIGH SCHOOL EXAMINATION COMPLETED		WHEN WAS THIS EXAMINATION COMPLETED (DATE AND YEAR)	
<u>PLEASE ATTACH CONFIDENTIAL REPORT FROM HEADMASTER TO THIS APPLICATION FORM</u>			
LIST ALL OTHER STUDIES WHICH YOU HAVE UNDERTAKEN AFTER HAVING COMPLETED GRADE 12			
NAME OF INSTITUTION	NAME OF COURSE	DATE COMPLETED	
PLANNED STUDIES AT A TERTIARY INSTITUTION FOR 2023			
AT WHICH TERTIARY INSTITUTION HAVE YOU ENROLLED?			
DO YOU HAVE A LETTER OF ACCEPTANCE FROM THE SELECTED INSTITUTION			
WHAT IS YOUR STUDENT NUMBER			
WHAT IS THE NAME OF THE COURSE THAT YOU HAVE ENROLLED FOR?			
WHAT IS THE MINIMUM NUMBER OF STUDY YEARS TO COMPLETION FOR THIS COURSE?			
PLEASE SUPPLY THE LIST OF MAJOR SUBJECT/S			
PLEASE SUPPLY THE LIST OF MINOR SUBJECTS			

IS IT YOUR INTENTION TO STAY IN RESIDENCE (YES OR NO)			
HAVE YOU REGISTERED FOR ACCOMMODATION IN A RESIDENCE (YES OR NO)			
DESCRIBE BRIEFLY WHY YOU WISH TO ENROL FOR THIS PARTICULAR FIELD OF STUDY			
MENTION ANY ACHIEVEMENTS OR AWARDS THAT YOU HAVE RECEIVED DURING YOUR SENIOR SCHOOL YEARS OR DURING YOUR TERTIARY STUDIES			
YOU WILL NEED TO PROVIDE US WITH DETAILS OF THE COSTS OF YOUR INTENDED STUDIES IN 2023 – AS PER QUOTATION FROM THE SELECTED TERTIARY INSTITUTION - PLEASE ATTACHED UNIVERSITY/INSTITUTION QUOTATION <i>(IF THIS SECTION IS NOT COMPLETED YOUR APPLICATION WILL NOT BE CONSIDERED)</i>			
TUITION FEES		RESIDENCE FEES (WITH MEALS IF AVAILABLE)	
MEALS ONLY (IF AVAILABLE)		RESIDENCE FEES (WITHOUT MEALS IF AVAILABLE)	
COURSE DURTION		CURRENT YEAR OF STUDY	
HAVE YOU BEEN AWARDED ANY ADDITIONAL FINANCIAL ASSISTANCE/ SPONSORSHIP FOR YOUR STUDIES IN 2023		YES	NO
IF YES, PROVIDE DETAILS OF THE RAND AMOUNT			
IF YES, PROVIDE THE NAME OF YOUR SPONSOR			
HAVE YOU PREVIOUSLY RECEIVED FUNDING FOR PRIOR COURSES:		YES / NO	
WHICH ORGANISATION PROVIDED THIS FUNDING			
IF YES TO THE ABOVE QUESTION PLEASE SUPPLY THE YEAR OF STUDY			
PLEASE SUPPLY THE NAME OF THE INSTITUTION			
PLEASE SUPPLY THE NAME OF THE COURSE STUDIED			
AMOUNT FUNDED			

CONDITIONS

I hereby wish to apply for an education benefit to assist me in furthering my studies and accept the following conditions:

- 1.1. The company reserves the right to demand repayment of moneys paid as benefits under the Education Fund should I cease my studies or not pass my examinations.
- 1.2. Consideration will be given to annual renewal of the benefit only if you have passed examinations of the previous year.

2 PERSONAL INFORMATION

- 2.1 The applicant on condition they are 18 years of age and above, or in the case of the applicant being a child as defined in the Protection of Personal Information Act a parent or guardian with the sufficient legal authority to consent on the applicants behalf hereby expressly gives the company permission to process and if need be further process any of their personal information (as currently defined in the Protection of Personal Information Act or any legislation which may amend and/or supersede the aforementioned Act from time to time (“Personal Information Legislation”)):
 - 2.1.1 including but not limited to maintaining personal contact details, to comply with applicable legislation,
 - 2.1.3 in order to comply with laws and other measures designed to protect or advance persons, or categories of persons, disadvantaged by unfair discrimination.
- 2.2 For purposes of this clause, “processing” refers to processing as defined in the Personal Information Legislation and includes but is not limited to collecting, receiving, recording, organising, collating, storing, updating, retrieving, altering, using, disseminating, distributing, merging, linking, blocking, degrading, erasing or destroying of any personal information, “further processing” shall mean the processing of the personal information collected in accordance or compatible with the purpose for which it was collected in terms of section 13 of the Protection of Personal Information Act.
- 2.3 The applicant similarly consents to the processing, analysing and assessment of the applicant’s personal information by any other third party duly designated by the company for that purpose, whether based in South Africa or in other jurisdictions. Any personal information of the applicant will only be used by any such third parties in accordance with the instructions of the company.
- 2.4 The applicant warrants that any and all personal information provided by the applicant to the company shall at all times be true and correct and that the provision of inaccurate and/or misleading personal information shall be subject to appropriate legal action.
- 2.5 The information supplied to the company shall be retained for the duration of the qualification and 3 years post qualification after which the company will then delete/destroy the information.
- 2.6 The processing of personal information by the company shall further be subject to the applicable policy regulating this in place at the company and amended from time to time in the sole discretion of the company. The company shall ensure that the employee is at all times aware of the aforementioned policy and amendments thereto.

NAME & SURNAME OF STUDENT IN FULL:

SIGNATURE OF STUDENT

DATE:

ATTACHMENTS

PLEASE INDICATE THAT THE FOLLOWING DOCUMENTS ARE ATTACHED:	YES	NO
Certified copy of June / mid-year academic results		
Certified copy of final academic results		
Proof of costs/Quotation from Tertiary Institution		
Proof of your Registration at the Tertiary Institution		
Certified Copy of your Identity Document		

APPLICATION CHECKED BY HUMAN RESOURCES BRANCH MANAGEMENT CONFIRMING THAT ALL SECTIONS OF THIS FORM HAVE BEEN COMPLETED CORRECTLY AND THAT ALL THE ABOVE REQUIRED DOCUMENTS ARE ATTACHED:

SIGNED: **DATE:**

NAME OF HR MANAGER /PRACTITIONER:

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