BURSARY FUNDING APPLICATION FOR EXTERNAL APPLICANTS

Personal Information							
Surname			Identity number				
Full name/s							
Date of birth			Home language				
Gender	Female	Male	Race	African	Coloured	Indian	White
Disability	Yes	No	Specify				
Home address							
Telephone number			Cell phone number				
Email address							
Are you currently employed?	Yes	No	If yes, state Employer				
Does your parent / legal guardian work for Mediclinic?	Yes	No	If yes, state location				

Programme applied for						
Name of programme Bachelor of	Nursing	Pharmacy	Emergency Medical Care	Clinical Technology	Student number	
Other programme (please specify)						
University / College						
Year applying for	First	Second	Third	Fourth		Extended
Planned commencement date		Planned completion date				

Documents Required	√
Certified copy of Grade 12 results (only students applying for 1st year funding)	
Current study results	
Proof of acceptance for study at institution	
Proof of needing financial assistance *(Unemployment / Income of self/ parents)*	
Certified copy of ID document	
Programme cost	

Signature: Applicant _____   **Date** _____

∞   *Please note that should you have a disability it will not count against you, it is only used for BBBEE reporting purposes.*

∞   *All personal information provided will be treated confidentially and only used for the purpose of processing the bursary application and if allocated, the management of the bursary. Personal information is used for reporting required by legislation.*