

**BURSARY APPLICATION FORM**

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| **PLEASE SELECT THE PROVINCE WHERE YOU RESIDE** |
| Gauteng |  | North west |  | Limpopo |  |
| western cape |  | Northern cape |  | eastern cape |  |
| kwazulu natal |  | Free state |  | mpumalanga |  |

**Personal Information**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **TITLE (Mr. Mrs. Ms.)** |  | **INITIALS** |  | **SURNAME** |  |
| **FIRST NAMES IN FULL *(as per ID)*** |  |
| **RSA (Identity Document number)** |  |  |  |  |  |  |  |  |  |  |  |  |  | **DATE OF BIRTH (YYYY/MM/DD)** |  |
| **RACE** | aFRICAN | coloured | Indian | WHITE | **GENDER**  | FemalE | Male |
| **DO YOU HAVE A DISABILITY** | **yes** | **No** | **IF YES SPECIFY DISABILITY AND ATTACH PROOF** |  |
| **POSTAL ADDRESS** |  | **PHYSICAL ADDRESS** |  |
|  |  |
|  |  |
| **CODE:** | **CODE:** |
| **MUNICIPALITY** |  |
| **HOME TEL. NO.** |  | **CELL PHONE NO.** |  |
| **E-MAIL ADDRESS** |  |
| **ALTERNATIVE CONTACT PERSON**  |  | **CELL PHONE NO.** |  |
| **E-MAIL ADDRESS** |  |
| **NAME OF EMPLOYER** |  |
| **NAME OF ENTITY CONTRACTED TO THE CETA** |  |

**EDUCATIONAL QUALIFICATIONS**

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| **NAME OF UNIVERSITY/UNIVERSITY OF TECHNOLOGY**  |  |
| **FIRST ENROLLMENT DATE AT ABOVE UNIVERSITY** |  |
| **QUALIFICATION ENROLLED FOR** |  |
| **YEAR OF STUDY**  |  |

**PROJECT FUNDING DETAILS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **IS THIS A CETA FUNDED PROJECT?** | **YES** |  | **NO** |  |
| **IF YES, YEAR OF ALLOCATION** | **2011/12** |  | **2012/13** |  | **2013/14** |  | **2014/15** |  | **2015/16** |  |

**RULES FOR COMPLETING THE FORM**

* Application forms that are incomplete will be disqualified
* Invalid or incorrect contact details automatically disqualify the applicant
* Applicants must be South African Citizens

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| The following certified documents **MUST** be attached to this application or the applicant will be disqualified |
| ID size or passport photo printed on photo paper (to be appended to right hand corner of application form) |  |
| Original certified copy of Green RSA Identity Document |  |
| Original certified proof of registration and copy of statement of results/credits |  |
| Original of certified proof of acceptance by higher education institution  |  |
| Original proof of residence or certified copy |  |
| Proof of banking details (Bank statement or stamped letter from the bank only) |  |
| Proof of residential address (original municipal account, bank statement, account statement or original letter from Tribal Authority or Councillor)  |  |
| Affidavit in support of proof of address (if address is not in the name of the learner) |  |
| Student with a disability: attach an original medical certificate on a CETA template completed, signed and stamped by a medical practitioner registered with the HPCSA or a certified medical certificate (certification must not be older than 3-months). |  |

**DECLARATION**

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| I declare that I am aware of the rules of this application and that I understand them. I declare that the information supplied in this application is true and correct. I understand that any false information will automatically disqualify me from being part of the CETA funded learning programme. Print name and Surname : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**FOR OFFICE USE**

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| CHECKED BY CETA PMU |
| IS THE FIELD OF STUDY WITHIN THE CETA’S SIC CODES? | **YES** |  | **NO** |  |
| COMMENTS |  |
| NAME |  | SIGNATURE |  | DATE |  |