



CORPORATE BURSARY APPLICATION FORM

Note: Please read the notes and instructions on the last page before completing this application form

CLOSING DATE: **23 January 2017**

NAME OF BURSARY: **Investec Merit Award**

STUDENT NUMBER:

PO Box 77000
Port Elizabeth 6031
Tel: 041-504 2550/ 504 2705

STUDENT INFORMATION

SURNAME:
FULL NAMES: GENDER:
I.D NUMBER: AGE:
HOME ADDRESS:
.....
.....
TELEPHONE NUMBERS:
MARITAL STATUS: SINGLE [] MARRIED [] DIVORCED []
SOUTH AFRICAN CITIZEN: YES [] NO []
DO YOU SUFFER FROM ANY PHYSICAL HANDICAP? YES [] NO []

PARENT/ GUARDIAN INFORMATION

SURNAME:
NAME:
TEL NO:
HOME ADDRESS:
.....
.....
OCCUPATION:
PLACE OF WORK:

EDUCATION

HAVE YOU COMPLETED MATRIC? YES [] NO [] DATE:

ARE YOU ATTENDING UNIVERSITY? YES [] NO []

DEGREE: YEAR:

COURSE FOR WHICH YOU REQUIRE FUNDING:

LOANS, GRANTS, SCHOLARSHIPS RECEIVED

ARE YOU IN RECEIPT OF A LOAN, GRANT, SCHOLARSHIP OR ANY OTHER FINANCIAL ASSISTANCE FOR STUDY PURPOSES? YES [] NO []

IF YES, NAME OF AWARD:

AMOUNT:

NOTES AND INSTRUCTIONS

- INCOMPLETE APPLICATION FORMS WILL NOT BE CONSIDERED
- BURSARIES WILL ONLY BE ALLOCATED FOR THE YEAR FOLLOWING THE ONE IN WHICH THE APPLICATION IS RECEIVED
- LATE APPLICATIONS WILL NOT BE CONSIDERED
- BURSARIES WILL ONLY BE ALLOCATED TO FULL-TIME STUDENTS
- BURSARIES ARE AWARDED ONLY TO STUDENTS WHO ARE SOUTH AFRICAN CITIZENS
- THIS IS A MERIT BURSARY

ATTACH THE FOLLOWING DOCUMENTS TO THIS APPLICATION (No faxed copies will be accepted):

- CERTIFIED COPIES OF YOUR ID DOCUMENT
- THE NAMES OF YOUR FATHER, MOTHER AND SIBLINGS
- PROOF OF INCOME FOR YOUR FATHER AND MOTHER (SALARY SLIPS OR SWORN AFFIDAVITS)
- PROVISIONAL JUNE GRADE 12 RESULTS
- FINAL GRADE 12 RESULTS (ONCE RECEIVED)

FOR OFFICE USE ONLY

ACCEPT [] DECLINE [] LATE []

COMMENTS:

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