



**UNEMPLOYED BURSARY APPLICATION**

Field of Study	
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**IT IS CRITICAL THAT THE PERSON APPLYING IS ALREADY STUDYING OR HAS BEEN ACCEPTED FOR STUDY AT A PREFERRED INSTITUTE**

**SASSETA BURSARY FUND 2020/2021**

**INSTRUCTIONS**

1. **Read carefully before completing, signing or submitting this form**
2. **Ensure that this form is completed in full**
3. **Complete in block letters**
4. **Ensure that this form is duly signed**
5. **Attach ALL of the following documents REQUIRED**
  - 5.1 **Certified copy of ID (not older than 6 months)**
  - 5.2 **Certified copy of Matric Certificate or statement of results (not older than 6 months)**
  - 5.3 **Proof of Registration/ Acceptance letter**
  - 5.4 **Attach certified ID copies and payslip of parents**
  - 5.5 **Attach an affidavit if parents are unemployed or self-employed**
6. **All applications must be submitted by email to [bursaries@sasseta.org.za](mailto:bursaries@sasseta.org.za)**
7. **Scan and Submit all documents in one attachment not multiple**
8. **Applications received after the deadline date and time will not be considered**

**DETAILS OF INSTITUTE**

<b>Type of Institute (Please tick)</b>  **NB: SASSETA will only fund a private institution should the course being studied is not offered at any of the public institutions	<b>Public TVET</b>	
	<b>Public University</b>	
	<b>Universities of Technology</b>	
<b>Name of Institute</b>		
<b>Does It Address The Scarce Skills In The SASSETA SSP as Found on the Website</b>		
<b>Name of Qualification (e.g. Masters, Honours, Degree or Diploma)</b>		
<b>Field of Study (e.g. Engineering, Tourism, IT)</b>		
<b>Level of Study (Year1, Semester 1)</b>		
<b>Student number</b>		

**PERSONAL DETAILS**

<b>Title :Mr / Miss/ Mrs</b>													
<b>Surname</b>													
<b>First Names</b>													
<b>Identity Number</b>													
<b>Date of birth (d:m:y)</b>													
<b>Place of birth</b>													
<b>SA Citizen</b>	Yes		No		If not, please specify								
<b>Gender</b>	<input type="checkbox"/> M <input type="checkbox"/> F												
<b>Race (please tick)</b>	African		Coloured		Indian		White						
<b>Municipality</b>						Urban		Rural					
<b>Geographic location(please tick)</b>	KwaZulu Natal		Eastern Cape		Western Cape		Limpopo		Mpumalanga				
	North West		Northern Cape		Gauteng		Free State						
<b>Residential Address</b>													
	Code:												
<b>Postal Address (if different from above)</b>													
	Code:												
<b>Contact Details</b>	Home Tel Number:												
	Cellphone Number:												
	Fax Number:												
	E-mail Address:												
<b>Have you been found guilty of a criminal offence?</b>	Yes		No		If yes, please specify the nature of offence								

**Please provide details of any disabilities or impairments or special learning requirements you may have as per the categories provided (Please mark with X)**

<b>Disability</b>	<b>Yes</b>	<b>No</b>
Physically Disability		
Visual Disability		
Hearing Disability		
Mental Disability		
Intellectual Disability		
Psychiatric Disability		
Multiple Disability		
Impairments		
Special Learning Requirements		
<b>Please provide your total household income</b>		
<b>Home Language</b>		

**HIGH SCHOOL RESULTS**  
 (Attach certified copy of matric results or latest Grade 12 results)

<b>Name of school:</b>			
<b>Subjects(List them below)</b>			<b>Marks</b>
<b>Contact Details and Address of high school :</b>			
<b>Contact Person:</b>			
<b>Contact Number</b>			
<b>Address of High School:</b>			
<b>Street Name</b>			
<b>suburb</b>			
<b>Province</b>			
<b>Postal Code</b>			

<b>Please state other sources of funding (Tick)</b>				
<b>Loan</b>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<b>If yes with whom?</b>				
<b>Other Bursary Schemes</b>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<b>If yes with whom?</b>				
<b>Please attach proof of such loan/ bursary scheme as indicated above.</b>				

DETAILS ABOUT PARENT(S) / GUARDIAN / NEXT OF KIN			
	Father	Mother	Guardian
Surname			
First names			
Residential address			
Postal address			
Contact telephone numbers			
Employer			
E-mail			

DECLARATION	
<p>I hereby declare that <b>ALL</b> the information provided in this application form is complete and correct. I understand and acknowledge that if any of the information provided in this application form is found to be incomplete and/or incorrect, my application will be disqualified.</p>	
_____	_____
<b>SIGNATURE OF APPLICANT</b>	<b>DATE</b>
_____	_____
<b>SIGNATURE OF PARENT/ GUARDIAN/ NEXT OF KIN</b>	<b>DATE</b>

#### Application Check List Supporting Documents

Please Ensure That You Have Attached the Following Supporting Documents:

Item	Yes	No
Certified copy of ID (not older than 6 months)		
Certified copy of Matric Certificate or Statement of Results		
Proof of Registration/ Acceptance letter		
Attach certified ID copies and payslip of parents		
Attach an affidavit if parents are unemployed or self-employed		