

## APPLICATION FOR ABSIP BURSARY – 2015 ACADEMIC YEAR

Please mark your answer with an "X" where applicable

This application form should be faxed to 0865495147 or e-mailed to [students@absip.co.za](mailto:students@absip.co.za) no later than 30 November 2014

### SECTION 1: PERSONAL INFORMATION

TITLE ( <i>Mr/Mrs/Ms/Other</i> ):				INITIALS:			
SURNAME:							
FULL NAME(S):							
PREFERRED NAME:							
DATE OF BIRTH ( <i>dd/mm/yyyy</i> ):		/ /		GENDER:		M <input type="checkbox"/> F <input type="checkbox"/>	
SA CITIZEN?		Yes <input type="checkbox"/> No <input type="checkbox"/>		ID NUMBER:			
POPULATION GROUP:		African <input type="checkbox"/>		Coloured <input type="checkbox"/>		Asian <input type="checkbox"/>	
MARITAL STATUS:		Never Married <input type="checkbox"/>		Married <input type="checkbox"/>		Divorced <input type="checkbox"/>	
DISABILITIES:		Yes <input type="checkbox"/> No <input type="checkbox"/>		If "Yes" please specify:			
PHYSICAL ADDRESS:							
						CODE:	
PROVINCE:				Do you live in a rural area?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
POSTAL ADDRESS:							
						CODE	
TELEPHONE:		Code <input type="text"/>		number <input type="text"/>		cell <input type="text"/>	
E-mail <input type="text"/>							

#### NATIONAL EXECUTIVE COMMITTEE

Tryphosa Ramano (President), Andile Nyhonyha (Deputy President), Delphine Govender (Deputy President), Sibongiseni Mbatha (Secretary-General), Lerato Molefe (Treasurer), Ephraim Moletsane (Student Development), Mathane Makgatho (Absip Women In Focus), Lerato Ntswaki Molefe (Events and Membership Communications)

**SECTION 2: STUDY DETAILS**

What were you doing in 2014?		High School		Tertiary Studies		Working		Nothing	
Have you matriculated?		Yes		No		Year Matric Passed			
Name of school:									
<b>GRADE 12 RESULTS</b>									
SUBJECT						JUNE %		FINAL %	
1									
2									
3									
4									
5									
6									
7									
8									
Where do you intend to study in 2015?									
Intended Course?						FULL TIME		PART TIME	
Have you been accepted for the course by the institution?						Yes		No	
Student Number (if you have one):									
Have you been accepted for residence?		Yes		No		Name of residence:			
Do you have any other Bursary for 2015?		Yes		No					
If "Yes" provide details:									
Where did you hear of ABSIP? (University, School, SAICA, Friend, Internet, Radio, etc)									

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**SECTION 3: PARENT / GUARDIAN & FAMILY INFORMATION**

<b>DETAILS OF FATHER:</b>																
Title ( <i>Mr/Dr/Prof/Other</i> ):			Surname:				Full Names:									
Id Number:							Employed?			Yes	No					
Total Income (salary, wages, pension, etc) per month:					R				Pensioner:			Yes	No			
Marital Status:		Married		Divorced		Separated		Never Married		Widowed						
<b>DETAILS OF MOTHER:</b>																
Title ( <i>Mrs/Miss/Dr/Prof/Other</i> ):			Surname:				Full Names:									
Id Number:							Employed?			Yes	No					
Total Income (salary, wages, pension, etc) per month:					R				Pensioner:			Yes	No			
Marital Status:		Married		Divorced		Separated		Never Married		Widowed						
<b>DETAILS OF GUARDIAN (<i>not mentioned above</i>):</b>																
Title ( <i>Mr/Mrs/Dr/Prof/Other</i> ):			Surname:				Full Names:									
Id Number:							Employed?			Yes	No					
Total Income (salary, wages, pension, etc) per month:					R				Pensioner:			Yes	No			
Marital Status:		Married		Divorced		Separated		Never Married		Widowed						
Relationship with you?																
<b>DETAILS OF OTHER FAMILY MEMBERS WHO ARE LIVING AT YOUR HOME NOT MENTIONED ABOVE</b>																
NAME		Relationship (E.g. Daughter, Son, Brother, Sister, Grandmother, Aunt, Nephew, Niece, etc)				Which category does the person fall under? (Pre-schooler, Scholar, Tertiary Student, Adult)			Does the person have any income from any source: (Rand per month)		What kind of income is it? (E.g. wages, salary, pension, grant, etc)					
1																
2																
3																
4																
5																
6																
7																
8																
9																
10																

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#### SECTION 4: SUPPORTING DOCUMENTS CHECKLIST

THE FOLLOWING DOCUMENTATION MUST ACCOMPANY YOUR APPLICATION

Please mark with "X" if you have included the specific document

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THE FOLLOWING DOCUMENTATION MUST ACCOMPANY YOUR APPLICATION		
Please mark with "X" if you have included the specific document		
1	Certified copy of Matric June and Final results?	
2	Certified copy of your ID document?	
3	Certified copies of your parents / guardian's ID document?	
4	Certified copies of pay-slips for your parents / guardian (if they are employed)?	
5	If your parents / guardians are unemployed, please include a sworn affidavit?	
6	If your parents / guardians are pensioners, please include proof of income	
7		
8		
9		
10		

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**SECTION 5: TESTIMONIAL BY EDUCATION OFFICIAL**

**I, the undersigned, testify as follows concerning the bursary applicant:**

Academic potential of applicant:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Personality and leadership qualities of applicant:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I recommend this applicant for a bursary because:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

This testimonial was given to me, the undersigned, in my capacity as: \_\_\_\_\_  
 of the school / college / technikon / university: \_\_\_\_\_

I can be contacted at the following telephone number: code: \_\_\_\_\_ number: \_\_\_\_\_ cell: \_\_\_\_\_

<b>Name and Surname</b> <i>(please print):</i>				<b>Official Stamp</b>
<b>Signature:</b>		<b>Date:</b>	/ /	

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**SECTION 6: TESTIMONIAL BY MINISTER OR COMMUNITY LEADER**

**I, the undersigned, testify as follows concerning the bursary applicant:**

Describe the applicant's home circumstances (if you know them):

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Describe the applicant's involvement and participation in the activities of your church or community organisation:

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I recommend this applicant for a bursary because:

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This testimonial was given to me, the undersigned, in my capacity as: \_\_\_\_\_  
of the church / community organisation: \_\_\_\_\_

I can be contacted at the following telephone number:    code:    number:    cell:   

<b>Name and Surname</b> <i>(please print):</i>				<b>Official Stamp</b>
<b>Signature:</b>		<b>Date:</b>	/ /	

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**SECTION 8: DECLARATION**

I hereby declare that all the information given in this form and the included documents are true and accurate:

**Applicant's signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Signature of Parent / Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

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