



APPLICATION FORM

Section 1: General Information

Title	<i>Tick the appropriate box:</i>	Mr.		Mrs.		Ms.	
--------------	----------------------------------	------------	--	-------------	--	------------	--

Surname																			
----------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Full Names																			
-------------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Preferred Name																			
-----------------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Citizenship																			
--------------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

ID / Passport Number*																			
------------------------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**Please attach a certified copy of your Identity Document or Passport. If you do not have an Identity Document or Passport, attach a certified copy of your temporary Identity Document.*

Residential Address																			

Phone Number																			
---------------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Alternative Number																			
---------------------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Email Address																			

Criminal Record	<i>Tick the appropriate box:</i>	Yes		No	
------------------------	----------------------------------	------------	--	-----------	--

Dependents	<i>Do you have any dependents? Tick the appropriate box:</i>	Yes		No	
	<i>If yes, how many dependents do you have?</i>				

Employment	<i>Are you currently employed? Tick the appropriate box:</i>	Yes		No	
	<i>If yes, please provide details.*</i>				

**Please attach your current payslip (not older than 3 months).*

Bursaries	<i>Have you applied for any other bursary? Tick the appropriate box:</i>	Yes		No	
	<i>If yes, please list below.</i>				

Family	Please tell us about your family, including, but not limited to: How many family members do you have, where do they live and what do they all do?			
	Does anyone receive a social grant? Tick the appropriate box:	Yes	<input type="checkbox"/>	No
	Is anyone disabled? Tick the appropriate box:	Yes	<input type="checkbox"/>	No
	If yes, what is their disability?			
	What is your total household income before deductions? Tick the appropriate box:			
	< R5 000	<input type="checkbox"/>	R5 000 – R10 000	<input type="checkbox"/>
	How many financial dependents are there in the household?		<input type="checkbox"/>	<input type="checkbox"/>
How many family members are employed?*		<input type="checkbox"/>	<input type="checkbox"/>	
<i>*Please attach current payslip/s (not older than 3 months) of all employed members of your household.</i>				

Achievements	Please tell us about your achievements or any other youth development initiative which has had a significant impact on your life.

Section 2: Education or Artisans / Skills Training

Education	Have you passed Matric/Grade 12 or are you currently still in school?		
	<i>Tick the appropriate box:</i>		
	Completed Grade 12*	Currently in Grade 12**	Currently in Grade 10 / 11**
<i>*Please attach a certified copy of your Grade 12 certificate, results, and, if applicable, any copies of other courses / certificates you are currently busy with.</i>			
<i>** Please enclose a recommendation from the school and certified copies of your Grade 10, Grade 11 and, if available, mid-year Grade 12 results.</i>			

Aspirations	What is your aspiration? Tick the appropriate box:		
	Academic study	<input type="checkbox"/>	Artisans or skills training

If you have chosen academic study, fill in the section below.

Academic study	Tick whether your choice of academic study is:		
	Full time		Part time
	Provide details of the degree / diploma you wish to study for.		
	Name of degree / diploma		
	Name of university / college		
	Minimum amount of years to complete the degree / diploma		
	Why do you wish to study for this particular degree / diploma?		

If you have chosen artisan or skills training, fill in the section below.

Artisan or skills training	Provide details of the artisan or skills training programme that you wish to apply for	
	Name of artisan programme / skills training course	
	Name of academy / training center	
	Amount of months or years to complete	
	Why do you wish to undertake this particular artisan programme / skills training course?	

Please tell us why we should award a bursary to you?