



LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF HEALTH AND SOCIAL DEVELOPMENT

DHSD

APPLICATION FOR A BURSARY LOAN:

SECTION A

PERSONAL INFORMATION OF APPLICANT

Please print when completing all the sections of the attached form. (use black ink)

Surname:

First Names in full:

Identity number:

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Gender: Male Female

Disability (Yes/No):

If yes. specify:

African Coloured Indian White Other

Residential Address

Postal Address

.....

.....

.....

.....

Contact Number/s:

If rural, indicate name of Chief:

Headman: Village:

Urban: Suburban:

Name of District (e.g. Capricorn, Vhembe):

Local Municipality (e.g. Aganang, Makhado):

SECTION B.

FINANCIAL BACKGROUND (To be completed by Parent / Guardian).

1. Surname:
2. First Names (in full):
3. Residential address:
.....
4. Contacts: Telephone: (Home)Work:
Cell:
5. Relationship with student (e.g. Mother, Uncle):
6. If adopted, submit proof thereof.
7. Occupation: (a) Parent / Guardian:
(b) Spouse:

PARTITUCALS OF EMPLOYMENT OF PARENT / GUARDIAN.

Relationship (e.g. Father)	Occupation	Income per month : (Gross monthly income)

NB: IF THERE IS NO INCOME FOR ONE OR BOTH OF THE PARENTS, ATTACH AN AFFIDAVIT SWORN BEFORE THE COMMISSIONER OF OATHS TO INDICATE ONE’S UNEMPLOYMENT STATUS

8. Name and address of employer / business:

.....

.....

Postal code:

Tel. No.:

SECTION C

ACADEMIC DETAILS

MATRICULATION OR EQUIVALENT

Name of School:

Highest standard passed:

Year obtained :

NB. Attach a certified copy of statement of results.

TERTIARY TRAINING

Name of Institution:

Degree/Diploma: (submit certified copy of academic record).

INTENDED CAREER DEVELOPMENT

- Study direction, e.g. Mbchb. B Pharm, Social Work, Occupational Therapy, BDS, etc.
..... (only one field of study)

- At which academic institutions do you intend studying: eg. University of Limpopo, Stellenbosch,
.....

Duration of study:

SECTION D

DECLARATION BY AN APPLICANT (CONDITIONS AS ABOVE)
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I(full names and surname) of Id No.:declare that information stated above is to the best of my knowledge, true, correct and that I understand that if I am awarded a bursary, I will abide by the rules and regulations applicable. False information will automatically disqualify me from obtaining the bursary if bursary is already awarded, the bursary will be nullified forthwith and to repay to the Department all the money already paid for my studies.

.....
SIGNATURE OF APPLICANT

.....
DATE

.....
PARENT/GUARDIAN (If minor)

.....
DATE

I certify that the deponent has acknowledged that he/she knows and understands the contents of this declaration and that he/she has no objection in taking the prescribed Oath, which was sworn before me at, on this, (day of the week) (date) (month)(year).

.....
COMMISSIONER OF OATHS/JUSTICE OF POLICE



OFFICIAL STAMP