**BURSARY APPLICATION FORM**

**NORTHERN CAPE PROVINCIAL GOVERNMENT**

**PREMIER’S BURSARY PROGRAMME**

**INSTRUCTIONS:**

1. Read carefully before completing, signing or submitting this form.
2. This form must be completed in full, with black ink and certified copies of the documents listed in Annexure A should be provided. Certified copies must not be older than 6 months.
3. **This bursary shall not be utilised for pre-existing / current study debt.**
4. **It is important to note that any misrepresentation of / failure to disclose information shall result in immediate disqualification of application and or the bursary, if granted, will be terminated.**
5. **It is expected of the applicant to disclose the outcomes of any other bursary / loan/ co-funding applications.**

**CRITERIA:**

1. The application form must be duly signed.
2. The bursary covers undergraduate studies / first qualification only.
3. In order for a student to qualify for a bursary, he /she must be accepted at an accredited Higher Education Institution.
4. **Incomplete application forms or applications with insufficient information, according to the checklist, shall be disqualified.**
5. Application forms must be hand delivered to 31A Angel Street, New Park, KIMBERLEY or emailed to BursAdmin@ncpetf.onmicrosoft.com
6. Closing date for ALL applications is **Friday, 08 November 2024**.
7. Late applications will not be considered.

**NOTE:**

1. It is the responsibility of the student to ensure the following are adhered to:
	1. ALL listed items as contained in Annexure A, are attached to the Application Form.

**SECTION A – PERSONAL DETAILS OF THE APPLICANT**

|  |  |
| --- | --- |
| **Surname** |  |
| **Full names**  |  |
| **Date of birth**  |  | **Age** |  |
| **Place of birth**  |  |
| **Identity number**  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **SA Citizenship** | Yes |  | No |  |
| **Gender**  | Male |  | Female |  |
| **Race**  | African  |  | Coloured |  | Indian  |  | White |  |
| **Do you have a disability** | Yes  | No | If Yes, specify & attach medical proof |
| **Physical** **address**  |  |
| **Contact numbers**  | Cellular 1: | Cellular 2: |
| Parent / Guardian:  | Parent / Guardian:  |
| **District:** | **Frances Baard** | **JT Gaetsewe** | **Pixley Ka Seme** | **Namakwa** | **ZF Mgcawu** |
|  |  |  |  |  |
| **Marital status** |  |
| **Email address** |  |
| **Alternative email address** |  |
| **Have you ever been found guilty of a criminal offence?** | No | Yes | If yes, specify |
| **Are you employed?** | No | Yes | If yes, provide employer’s details |
| **Occupation** |  |
| * Attach certified copy of Identity document and related information (See attached Annexure)
 |

**SECTION B – HIGH SCHOOL INFORMATION**

|  |  |
| --- | --- |
| **Name of school** |  |
| **School address** |  |
| **Province**  |  |
| **Grade** |  |
| **Years attended** | From: | To:  |
| **Year completed Grade 12** |  |
| • Attach certified proof of latest results |

**SECTION C - POST MATRIC RESULTS / ENROLLED STUDENT**

|  |  |  |
| --- | --- | --- |
| **Qualification obtained** | **Yes** | **No**  |
| **If yes, provide qualification details** |  |  |
| **Year of completion** |  |
| **Higher Education Institution** |  |
| **Nature of Qualification** | **Diploma** | **Degree**  | **Post Graduate Qualification**  |
|  |  |  |
| **Current Status (indicate whether you are an existing student / or previous registration with other higher education institutions**  |  |
| **Student number**  |  |
| **Year of study in 2025** |  |
| **• Attach certified full academic record** (See attached Annexure) |

**SECTION D – INTENDED FIELD OF STUDY FOR 2025 ACADEMIC YEAR**

|  |  |
| --- | --- |
| **Option1: Institution**  |  |
| **Course Details**  |  |
| **Option 2: Institution** |  |
| **Course Details** |  |
| **Did you apply for any other funding?** | **Yes** | **No** | **If yes, provide details** |
|  |  |  |
| **Are you receiving any other form of financial assistance / bursary / loan / co-funding?** | **Yes**  | **No** | **If yes, provide details** |
|  |  |  |
| * Attach proof of registration & tax invoice / quotation from the institution and related information (See attached Annexure)
 |

**SECTION E – PERSONAL DETAILS OF PARENT / GUARDIAN / NEXT OF KIN / SPOUSE**

|  |  |
| --- | --- |
| **Parent /Guardian 1 /Spouse** | Proof of guardianship must be attached |
| **Surname** |  |
| **Full names**  |  |
| **Identity number**  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Relationship to student** |  |
| **Physical Address**  |  |
| **Employer details** |  |
| **Job title**  |  |
| **Annual Income**  |  |  |
| **Telephone numbers with dialling codes** | Work: | Cellular: |
| **Email address** |  |
|  |  |
| **Parent 2** | Proof of guardianship must be attached |
| **Surname** |  |
| **Full names**  |  |
| **Identity number**  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Relationship to student** |   |
| **Physical address**  |  |
| **Employer details** |  |
| **Job title**  |  |
| **Annual Income** |  |
| **Telephone numbers with dialling codes** | Work: | Cellular: |
| **Email address** |  |
| * Attach certified ID documents; proof of income of both parents / guardians and related information (see attached Annexure)
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**SECTION F - DECLARATION BY APPLICANT**

I, (full name & surname),………………..…………………….. hereby declare that ALL information provided in this Application is complete and factual.

I acknowledge that any misrepresentation of information and or failure to disclose information will lead to my application being rejected.

**By submitting this application, I give consent to the Office of the Premier, through the Premier’s Bursary Programme, to do a background verification and financial check on my parent(s)/guardian(s) and myself.**

Full Name: ………………………....... Signature: ………………………… Date: ……………

Signature of Parent/Guardian if applicant is a minor…………………….. Date: ……………