

Bursary Application Form Full Time Bursaries 2020

Full time Bursary application form

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.** Note that this bursary cannot be used to pay for existing loans or debts.

Criteria:

- 5. Ensure that this form is duly signed.
- 6. Application forms with incomplete information will be disqualified.
- 7. Application forms with incorrect information will lead to your application being disqualified.
- 8. No faxed application forms will be accepted.
- 9. Attach ALL of the following documents REQUIRED:
 - 8.1 Certified copy of the latest academic transcript or record on official letterhead or logo (if you are already at University, University of Technology or Technikon).
 - 8.2. A one-page motivation/ covering letter
 - 8.3. Certified copies of achievement / merit certificates
 - 8.4. Certified copy of a valid South African identity document.
 - 8.5. Applications received after the closing date will not be considered.
 - 8.6. Post completed forms to or hand delivered to:

The Chief Executive Officer,
The South African Weather Service,
Private Bag X097, Pretoria 0001,
For the attention: Ms. Gugu Maphisa

8.7. CLOSING DATE: 25 October 2019

SECTION A - PERSONAL DETAILS OF APPLICANT

1.	Surname															
2.	First names															
3.	Date of birth															
4.	Place of birth															
5.	Identity No.															
6.	SA Citizenship	Yes							No							
7.	Gender	Male							Fem	nale						
8.	Race	Africa	African Indian						Colo	oured			WI	nite		
	Do have a disability	Yes							No							
9.		If YES	, desc	ribe t	he na	ture (of disa	ability	:							
10.	Residential address															
10.	with postal code															
11.	Postal address with postal code															
				l					1							
12.	Contact telephone numbers including	Home	2						•	Cellular						
12.	dialling codes	Parent/ Guardian						Other Contacts								
13.	Email address								•		•					
	Have you ever been found guilty of a criminal offence?	Yes No														
14.		If yes, please specify the nature and date of offence:														

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SECTION B - HIGH SCHOOL ATTENDED

1.	Name of school						
2.	School address						
3.	Province						
4.	Grade (Please tick)	Currently in G	Grade 12		Completed G	rade 12	
5.	Years attended	From:			То:		
6.	Subjects (List them below)		Higher Grade	Symbol	Standard Grade	Symbol	Percentage
6.1							
6.2							
6.3							
6.4							
6.5							
6.6							
6.7							
6.8							
6.9							

SECTION C - POST MATRIC QUALIFICATIONS

1.	Full name of highes qualification	st							
2.	Nature of qualification		Degree						
3.	Status		Presently studyir	ng	Discontinued				
4.	If discontinued, for what reasons?								
5.	If presently studying, which year of study? (Please tick)		First Year	Second Year	Third Year	Fourth Year			
6.	Student number								
7.	Name of institution	1							
8.	Address of instituti	on							
9.			Major Sub	jects		Marks/ % obtained			
	10.1 10.2 List the subjects								
ı									
	·	10.3							
		10.4							
10.			Auxiliary su	bjects		Marks/ % obtained			
		11.1							
			11.2						
ı	ist the subjects	11.3							
			11.5						
		11.6							
		11.7							

SECTION D - INTENDED STUDY FOR THE NEW ACADEMIC YEAR (Please mark with 'X')

		National	Certific	ate in W	eather Observ	ation						
	Name of qualification	Bachelor of Science in Meteorology										
		Honours	Honours in Meteorology									
1.		Honours	Honours Bridging programme									
		Weather	Weather forecasting Internship									
											<u> </u>	
2.	Do you have a driver License?	Yes	N	10								
_	Are you receiving any other bursary?	Yes	N	No lf YES, describe below the nature of financial assistance obligations involved and provide the name of the institution that the bursary/ loan assistance:								
3.	or loan?											
	or roun.											
ECT	ION E – DETAILS ABOU	IT PARENT	(S) / G	GUARDIA	AN(S) / NEXT	OF KIN						
	TION E – DETAILS ABOU	IT PARENT	-(s) / G	GUARDIA	AN(S) / NEXT	OF KIN						
ECT 1. 2.		IT PARENT	(S) / G	GUARDI <i>A</i>	AN(S) / NEXT	OF KIN						
1. 2.	Surname	IT PARENT	(s) / G	GUARDIA	AN(S) / NEXT	OF KIN						
1. 2. 3.	Surname First names	T PARENT	-(s) / G	GUARDIA Father		OF KIN						
1. 2. 3. 4.	Surname First names Identity No.		-(s) / G									
1.	Surname First names Identity No. Relationship Residential address		-(s) / G									
1. 2. 3. 4. 5.	Surname First names Identity No. Relationship Residential address with postal code Postal address with postal code Contact telephone		-(S) / G									
1. 2. 3. 4.	Surname First names Identity No. Relationship Residential address with postal code Postal address with postal code	Mother	-(S) / G			er, specify:						

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SECTION F – DECLARATION

1.	I hereby, declare that ALL the information provided in this application form is complete and correct.
2.	I hereby, 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.
3.	Signature of
	3.1 APPLICANT :
	3.2 Date :
4.	Signature of
	4.1 PARENT / LEGAL GUARDIAN :
	4.2 Date :