

ANDM EXTERNAL BURSARY APPLICATION FORM FULL TIME STUDIES

INSTRUCTIONS REGARDING THIS BURSARY FORM

- > Use block letters to complete the Application form
- Give concise answers and where applicable mark with X Attach certified copies of the following:
- Identity document
- > Grade 12 certificate or latest results for current grade 12 leaners
- > Acceptance letter from recognized tertiary institution
- > Motivation letter(section 4 of the application form)
- > Proof of income
- > Proof of residence from ward Councilor

Where did you hear about Alfred Nzo Bursary?

Newspaper	Online	Friend	Facebook	Other (please specify)

PLACE OF UNITY IN DIVERSITY

ERF 1400 NTSIZWA STREET, PRIVATE BAG X 511, MOUNT AYLIFF, 4735, **TEL:** 039 254 5000, **FAX:** 039 254 0343, WWW.ANDM.GOV.ZA **CUSTOMER CARE LINE:** 086 000 3781



1.PARTICULARS OF		NTS					
Surname:							
First Names:							
Identity number:							
Date of birth:							
Gender :	Female			Ma	ale		
Race:	African		Coloured		Indian	white	
Disability:	Yes	No	If yes please s	spec	ify the nature of	of disability	
Cell phone no:		Alternative	Alternative cell no:				
Home Tel no:	Fax no:	Fax no:					
Email Address:							
Postal Address:			Physical A	Physical Address:			

2.PARTICULARS OF APPLICANTS								
NB: please attach certified copies of latest grade 12 results, grade 12 certificate, and or tertiary								
results and academic record								
What are doing this	Grade 12	Full-time tertiary	Gap year					
year:		studies						
Highest educational qualification obtained:								
Name of the school you are currently attending								
Or where you completed grade 12:								
Name of tertiary institution you are currently registered at if you have commenced your tertiary								
studies								

Proposed programme for 2019

First year students 2019	
First choice:	
Institution:	Campus:
Second choice	
Institution	Campus:
Second year students 2019	
Name of the qualification:	
Institution:	Campus:
Student number:	
Attach a certified copy of your latest results	and academic record

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3. DETAILS OF	PARENTS	/LEG	AL GL	JARDIAN		FAMILY (LIVI	NG WI	гн үс)U)
Attach a proof of	income: pa	ayslip,	grant	receipt e	tc.					
Surname : First names:										
Relationship:	Father		Mother		Legal G	Legal Guardian			Other , specify	
Marital status:	Married	Divo	rced	d Separated		Unmarri	Unmarried Decea		ased Widowed	
Employed :	yes		No		Pens		ioner yes			no
Surname:					First ı	names:				
Relationship	Father			Mother		Legal G	Legal Guardian			Other, specify
Marital status:	Married	Divo	rced	Separa	ted	Unmarried Dece		ased	Widowed	
Employed :	yes				Pen	sioner	sioner yes			no
Surname:					First ı	names:				
Relationship	Father			Mother		Legal G	Legal Guardian			Other , specify
Marital status:	Married	Divo	rced	Separa	ted	Unmarri	ed	Decea	ased	Widowed
Employed :	ves		No	1 1		sioner				no
Other members	of your fa	amily	who a	re living	at yo	ur home n	ot n	nentior	ned ab	oove
Name	Relationship (brother, grandparent)		ild, income		type of income (wages, grant pension					

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4. MOTIVATION WHY YOU MUST BE CONSIDERED FOR ANDM BURSARY(use additional pages if necessary)

DECLARATION

I hereby declare that all the information provided (including any attachments) is complete and correct to the best of my knowledge. I understand that any false information supplied could lead to my application being disqualified.

Applicants signature :_____ Date____

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