

CEF SOC LTD BURSARY SCHEME APPLICATION FORM 2020



Dear Applicant

Thank you for your interest in the CEF SOC Ltd Bursary Programme for the 2020 Academic Year. Please complete this Application Form and submit the completed form within the prescribed timelines. For your application to be considered, please ensure that you comply with all requirements and attach supporting documents.

Please tick ✓ or ✗ cross where applicable

SECTION A: PERSONAL INFORMATION OF APPLICANT					
Surname					
First Names					
Date of Birth	Day		Month		Year
Identity Number					
Race	African	Coloured	Indian	White	Other
Gender	Female			Male	
Disability	No	Yes	If Yes, please describe your disability:		

SECTION B: DETAILS OF PROPOSED STUDIES	
Name of Qualification	
Name of Institution	
Year of Study	
Qualification Start Date	
Type of Study: e.g. Full/ Part Time	

SECTION C: LATEST ACADEMIC RESULTS				
Current Institution	High school	College	University	Other
Name of Institution				
Previous Academic Results	Subjects/ Modules/ Courses (attach Academic Transcript)			Results %

**CEF SOC LTD BURSARY SCHEME
APPLICATION FORM 2020**



SECTION D: RESIDENTIAL ADDRESS

Residential Address: (Home Residential Details):	
Postal Address (If Different from Residential Address)	

SECTION E: CONTACT DETAILS

Cell Phone Number	
Alternate number	
Landline Number	
Email address	
Alternate contact Person Number	
Alternate Person Email Address	

SECTION F: PARENTS INFORMATION/ LEGAL GUARDIAN

Name and Surname of Mother		ID Number	
Name and Surname of Father		ID Number	
Name and Surname of Legal Guardian		ID Number	
Currently Employed	YES	NO	
Occupation			
Company name			
Total Household Income (<i>attach proof</i>)			

**CEF SOC LTD BURSARY SCHEME
APPLICATION FORM 2020**



SECTION G: THE APPLICANT/ PARENT/ LEGAL GUARDIAN ACKNOWLEDGE AND DECLARE THAT THEY HAVE TAKEN DUE COGNISANCE OF THE CONTENT OF INDICATED IN THIS FORM AND DECLARE THAT ALL INFORMATION PROVIDED IS ACCURATE AND TRUE.

Applicant Signature		Date
Place		
Parent/ Legal Guardian Signature		Date
Place		

SECTION H: WITNESSES SIGNATURES

WITNESS 1-:

Signature: _____ Date: _____

Place: _____

WITNESS 2-:

Signature: _____ Date: _____

Place: _____

BURSARY APPLICATION FORM CHECKLIST

Required Document	Tick
1. Copy of Completed Application Form	
2. Copy of Grade 12 Mid-Year Results	
3. Copy of Grade 12 Final Results with 75% average	
4. Copy of Provisional Admission Letter	
5. Copy of Applicants Certified ID	
6. Copy of Parents/Legal Guardian Certified ID's	
7. Proof of Financial Status (Payslip or social grants slips or Affidavit of Parent/Legal Guardian if there is no family income)	
8. Proof of residential address	