



BURSARY APPLICATION FORM													
A DETAILS OF DEGREE FOR WHICH YOU WISH TO RECEIVE FUNDING													
Degree													
University					Student Number/Application Number								
Date of commencement of study					Anticipated date of completion								
B PARTICULARS OF APPLICANT													
Title				Surname									
First names (in full)													
Maiden name (if applicable)					Date of birth (YYMMDD)								
Identity number (attach certified copy of ID)													
Home language							Male			Female			
African				Coloured				Indian				White	
Marital status				Citizenship						Do you have a disability?		Yes	No
				Type of disability:									
Residential address (including postal code)													
Postal address (including postal code)													
Telephone number during the day (code and number)					Cellphone Number								
E-mail address (if applicable)							Fax number (if applicable)						



C													PARTICULARS OF PARENT (Mother)/LEGAL GUARDIAN												
Surname																									
First names										Title															
ID Number (Attach certified copy of ID)																									
Residential address and postal code				Telephone number (home)						code															
										number															
				Telephone number (work)						code															
										number															
D													PARTICULARS OF PARENT(Father)/LEGAL GUARDIAN												
Surname																									
First Names																									
ID Number (Attach certified copy of ID)																									
Residential address and postal code				Telephone Number (home)						code															
										number															
				Telephone Number (work)						Code															
										number															
E													STATEMENT BY APPLICANT												
<p>"I, the undersigned, declare that the information stated in this form is true and complete, including the information about my parents/guardians, to the best of my knowledge and belief. I have submitted this information knowing that, if I wilfully stated in it anything which I know to be false or which I do not believe to be true, including any omissions, I may be declared ineligible for funding assistance. I voluntarily consent to THUTHUKA-ISFAP and/or its representative/s and/or its contractors and/or sub-contractors (THUTHUKA-ISFAP Entities) processing my personal information (in particular, my financial and education information) as defined in the <i>Protection of Personal Information Act 4 of 2013</i> for the purpose/s of assessing my application for funding assistance. I agree that THUTHUKA-ISFAP Entities may have access to my university academic results, other university maintained information, and information I voluntarily submit to Thuthuka ISFAP Entities for the purposes of monitoring and reporting on my academic progress"</p>																									
Signature of Applicant																			Date						
F													CONSENT BY PARENT (MOTHER)/ LEGAL GUARDIAN												
<p>"I, the undersigned, declare that the information stated in this form is true to the best of my knowledge and belief. I voluntarily consent to THUTHUKA-ISFAP and/or its representative/s and/or contractors and/or sub-contractors (THUTHUKA-ISFAP Entities) processing my personal information, in particular, my financial information as defined in the <i>Protection of Personal Information Act 4 of 2013</i> sourced from various financial sector participants (including, but not limited to banking institutions, insurance companies, credit bureaus, Department of Home Affairs, SARS, SASSA and other government departments) for the purpose/s of conducting the financial means test to enable THUTHUKA-ISFAP Entities to assess the Applicant's eligibility for funding assistance. The above voluntary consent also extends to the personal information (in particular, the financial and academic information) of the Applicant, where the Applicant is a minor. I understand that I and/or the Applicant may on request to THUTHUKA-</p>																									



ISFAP Entities access the collected personal information from THUTHUKA-ISFAP Entities in order to rectify any inconsistencies therein. I confirm that I am a competent person to provide this consent on behalf of the minor Applicant. I understand that failure to provide the voluntary consent to enable THUTHUKA-ISFAP Entities to process my personal information (in particular my financial information) and the Applicant's personal information (in particular, financial and academic information) will result in this application for funding assistance being regarded as incomplete and therefore the Applicant's eligibility for funding assistance will not be considered." I take note that if THUTHUKA ISFAP Entities utilises the personal information contrary to the provisions of the Act, I may first resolve any concerns with THUTHUKA ISFAP Entities. If I am not satisfied with the process adopted to resolve my concerns, I have the right to lodge a complaint with the Information Regulator.

I unconditionally agree to indemnify the THUTHUKA ISFAP Entities, acting in good faith in taking reasonable steps to process the personal information lawfully, against any liability that may result from the processing of the personal information. This includes unintentional disclosures of such personal information to, or access by unauthorized persons, and/or any reliance which may inadvertently be placed on inaccurate, misleading, or outdated personal information, provided to the THUTHUKA ISFAP Entities by myself or by a third party in respect of me.

Signature of Parent/Guardian		Date	
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G CONSENT BY PARENT (FATHER)/ LEGAL GUARDIAN

"I, the undersigned, declare that the information stated in this form is true to the best of my knowledge and belief. I voluntarily consent to THUTHUKA-ISFAP and/or its representative/s and/or contractors and/or sub-contractors (THUTHUKA-ISFAP Entities) processing my personal information, in particular, my financial information as defined in the *Protection of Personal Information Act 4 of 2013* sourced from various financial sector participants (including, but not limited to banking institutions, insurance companies, credit bureaus, Department of Home Affairs, SARS, SASSA and other government departments) for the purpose/s of conducting the financial means test to enable THUTHUKA-ISFAP Entities to assess the Applicant's eligibility for funding assistance. The above voluntary consent also extends to the personal information (in particular, the financial and academic information) of the Applicant, where the Applicant is a minor. I understand that I and/or the Applicant may on request to THUTHUKA-ISFAP Entities access the collected personal information from THUTHUKA-ISFAP Entities in order to rectify any inconsistencies therein. I confirm that I am a competent person to provide this consent on behalf of the minor Applicant. I understand that failure to provide the voluntary consent to enable THUTHUKA-ISFAP Entities to process my personal information (in particular my financial information) and the Applicant's personal information (in particular, financial and academic information) will result in this application for funding assistance being regarded as incomplete and therefore the Applicant's eligibility for funding assistance will not be considered." I take note that if THUTHUKA ISFAP Entities utilises the personal information contrary to the provisions of the Act, I may first resolve any concerns with THUTHUKA ISFAP Entities. If I am not satisfied with the process adopted to resolve my concerns, I have the right to lodge a complaint with the Information Regulator.

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Signature of Parent/Guardian		Date	
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