



## STUDENT BURSARY APPLICATION - 2019

This application form should be e-mailed to: [cretbursary@cyrilramaphosa.org](mailto:cretbursary@cyrilramaphosa.org)

**Closing date: 30 NOVEMBER 2018**

The Cyril Ramaphosa Education Trust supports determined young South African individuals from challenging backgrounds to gain access to local learning institutions that offer recognised qualifications that will enhance employment prospects.

Please ensure that you have read the document "CRET Bursary Criteria" before completing the below information.

Failure to comply with the required criteria, or in submitting all the relevant documents, will result in your application being discarded without further notification.

### SECTION 1: PERSONAL INFORMATION

TITLE ( <i>Mr/Mrs/Ms/Other</i> ):				INITIALS:			
SURNAME:							
FULL NAME(S):							
PREFERRED NAME:							
DATE OF BIRTH( <i>dd/mm/yyyy</i> ):		/ /		GENDER:		M <input type="checkbox"/> F <input type="checkbox"/>	
SA CITIZEN?		Yes <input type="checkbox"/> No <input type="checkbox"/>		ID NUMBER			
POPULATION GROUP:		Black <input type="checkbox"/>		Coloured <input type="checkbox"/>		Asian <input type="checkbox"/> Indian <input type="checkbox"/> White <input type="checkbox"/>	
DISABILITIES:		Yes <input type="checkbox"/> No <input type="checkbox"/>		If "Yes" please specify:			
PHYSICAL ADDRESS:							
						Code:	
PROVINCE:		Do you live in a rural area?				Yes <input type="checkbox"/> No <input type="checkbox"/>	
POSTAL ADDRESS:							
						Code:	
TELEPHONE:		Code		Landline		Mobile	
E-mail							

### SECTION 2: STUDY DETAILS

What are you doing currently?		High school <input type="checkbox"/>		Tertiary studies <input type="checkbox"/>		Working <input type="checkbox"/>		Nothing <input type="checkbox"/>	
Have you matriculated?		Yes <input type="checkbox"/>		No <input type="checkbox"/>					
Name of school									
<b>GRADE 12 RESULTS</b>									
Subjects						JUNE %		FINAL %	
1									
2									
3									
4									
5									
6									
7									
8									
Where do you intend studying?									
Have you applied at the relevant institution/s?						Yes <input type="checkbox"/>		No <input type="checkbox"/>	



Have you been accepted for the course by any institution?	Yes		No	
Have you been accepted for residence?	Yes		No	Name of residence:
Do you have any other Bursary?	Yes		No	
If "yes" provide details:				
Have you applied for NSFAS funding?				

### SECTION 3: SUPPORTING DOCUMENTS CHECK LIST

<b>THE FOLLOWING DOCUMENTATION <u>MUST</u> ACCOMPANY YOUR APPLICATION</b> <b>Please mark with an "X" if you have included the specific documents</b> <b>No applications will be considered without these documents, except in the instance of final matric results if the applicant is currently in matric.</b>	
1	Certified copy of Matric June and Final results?
2	Certified copy of your ID document?
3	Certified copies of your parents / guardian's ID documents?
4	Certified copies of pay-slips for your parents / guardian (if they are employed)?
5	If your parents / guardians are pensioners or receiving a grant please include proof of income

### SECTION 4: PARENT / GUARDIAN & FAMILY INFORMATION

<b>DETAILS OF FATHER:</b>												
Title			Surname:				Full Name:					
ID Number:							Employed?		Yes	No		
Total income (salary, wages, grant, etc.) per month:						R						
Marital status		Married	Divorced	Separated	Never Married	Widowed						
<b>DETAILS OF MOTHER:</b>												
Title			Surname:				Full Name:					
ID Number							Employed?		Yes	No		
Total Income (salary, wages, grant, etc.) per month:						R						
Marital status:		Married	Divorced	Separated	Never Married	Widowed	Pensioner:		Yes	No		
<b>DETAILS OF GUARDIAN (not mentioned above):</b>												
Title			Surname:				Full Name:					
ID Number:							Employed?		Yes	No		
Total Income (salary, wages, grant) per month:						R						
Marital Status:		Married	Divorced	Separated	Never Married	Widowed	Pensioner		Yes	No		
Relationship with you?												
<b>DETAILS OF OTHER FAMILY MEMBERS WHO ARE LIVING AT YOUR HOME NOT MENTIONED ABOVE</b>												
NAME		Relationship (EG: aunt, nephew, sister, etc.)			Which category does the person fall under? (toddler, scholar, etc.)		Does this person have any income from any source: (Rand per month)		What kind of Income is it? (e.g. wages, pension, grant)			
1												
2												
3												
4												
5												
6												
7												
8												
9												

10					
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**SECTION 5: TESTIMONIAL BY EDUCATION OR COMMUNITY OFFICIAL**

<b>I, the undersigned, testify as follows concerning the bursary applicant:</b>					
Describe the applicant's home circumstance (if you know them):					
Academic potential of applicant:					
Personality and leadership qualities of applicant:					
Describe the applicant's involvement and participation in community or social organisations:					
This Testimonial is given by me, the undersigned, in my capacity as					
Contact Details	Code		Landline		Mobile
<b>Name and surname</b>					<b>Official Stamp</b>
<b>Signature:</b>			<b>Date:</b>		

**SECTION 6: DECLARATION**

<b>I hereby declare that all the information given in this form and the included documents is true and accurate</b>	
<b>Applicant's signature:</b> _____	<b>DATE</b> ____/____/____
<b>Signature of parent / guardian:</b> _____	<b>DATE</b> ____/____/____

