

BURSARY APPLICATION

Information Sheet

RETURN APPLICATION FORM TO:

finaidbursaries@ufs.ac.za

Return by: **31/01/2025**

IMPORTANT INFORMATION

ELIGIBILITY

- Only South African citizens are eligible.

APPLICATIONS

- Applications may be made for a University OR University of Technology. Applications for private institutions or FT Colleges are not accepted.
- In view of large numbers of applications, only successful candidates will be notified.

AWARDS

- Awards are variable and cover a percentage of the cost of tuition and books.
- Bursary funds are paid directly to tertiary institutions.

IMPORTANT DOCUMENTS TO INCLUDE WITH YOUR APPLICATION

Please send [certified copies](#) of documents 1, 2 and 3.

- Identity Document (ID)
- Final School Certificate (if available – new applicants only)
- Latest results from school or tertiary institution (if finals not available)
- Documentary evidence from all income earners in your home (see Section B)
- Department of Labour Declaration by Employee
- Proof of Registration

Check

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SECTION A: PERSONAL INFORMATION – TO BE COMPLETED BY ALL APPLICANTS

Place of Birth		Date of Birth	DD	MM	YYYY

Title	Mr	Mrs	Ms
Surname			
First Names (in full)			

ID Number															
Telephone/Home Contact															
Cell Phone															

Home Address															

Postal Address (if different from Home Address)															

Code				Code			

Email Address																									

SECTION B: FAMILY DETAILS – TO BE COMPLETED BY ALL APPLICANTS

Write on the back of this page if you need to give any other details not covered in this section.

How many people live in your house, including yourself?		
No. of learners in family still at school (Grade R – Grade 12), including yourself		
No. of students in family studying at University or other Tertiary Institution, including yourself		
Name of Parent(s)	or Name of Guardian	

FAMILY INCOME -Confidential

List below all the people in your family/household who receive an income.

Surname	Initials	Approx. Age	Relationship to you e.g. Mother, Sister, Uncle/Guardian	Occupation (including self-employment)	Monthly Income

NB: Send **copies only**, (not originals) of pay slips, or pension advice. If any working person does not get a pay slip, they should get a sworn statement (an affidavit) from the nearest police station stating how much that person earns.

SECTION C: SCHOOL DETAILS

TO BE COMPLETED BY APPLICANTS WHO ARE WRITING SENIOR CERTIFICATE THIS YEAR AND THOSE WHO HAVE PREVIOUSLY WRITTEN BUT HAVE NOT YET ATTENDED A TERTIARY INSTITUTION

Name of school	
What year did you write your Senior Certificate?	

SECTION D: PLANS FOR STUDIES NEXT YEAR

Name of institution where you are studying/intend to study:	
Student Number	
What Degree/Diploma/Certificate Course are you studying? (Write out in full e.g. BSc Engineering, ND Information Technology, NHC Accounting)	

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.[illegible]

SECTION F: CONTACTABLE REFERENCE - TO BE COMPLETED BY ALL APPLICANTS

Give details of one person (except your School Principal) who knows you well and can be contacted for a reference.

Name and title (Mr. / Mrs. / Ms)																													
Occupation																													
Address															Telephone														
															Cell Phone														
Code																													

SECTION H: DECLARATION - TO BE COMPLETED BY ALL APPLICANTS

I hereby declare that the information given in this application is correct. I understand that if the information is found to be incorrect and does not comply with the conditions of ASSET, the support may be discontinued with immediate effect and legal action may be instituted.

Signature of Applicant	
Assisted by Parent/Guardian (if applicant is under 18)	
Signature of Parent/Guardian	
Date:	



labour

Department:
Labour
REPUBLIC OF SOUTH AFRICA

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DECLARATION BY EMPLOYEE
(Confidential)

PLEASE READ THIS FIRST



PURPOSE OF THIS FORM

This form is used to obtain information from employees for the purpose of assisting employers in conducting an analysis on the workforce profile. Employers should use this form to ascertain which employees are from designated groups in terms of the Employment Equity Act, 55 of 1998, as amended.

WHO COMPLETES THIS FORM?

Employees should fill in this form.

INSTRUCTIONS

All employers must ensure that the contents of this form remain confidential, and that it is only used to comply with the Employment Equity Act, 55 of 1998, as amended.

PLEASE NOTE:

'Designated groups', mean black people, women and people with disabilities who-

- a) Are citizens of the Republic of South Africa by birth or descent; or
- b) Became citizens of the Republic of South Africa by naturalization –
 - (i) before 27 April 1994; or
 - (ii) after 26 April 1994 and would have been entitled to acquire citizenship by naturalisation prior to that date but who were precluded by Apartheid policies

'People with disabilities' are defined in the Act as people who have a long-term or recurring physical or mental impairment, which substantially limits their prospects of entry into, or advancement in employment.

*Please note that people with disabilities have the right not to disclose their disability, unless it is in line with the inherent requirements of the job.

1. Name of employee: _____

2. Employee workplace No: _____
(This is the number that an employer/company/organisation uses to identify an employee in the workplace.)

3. Please indicate to which categories you belong with an 'X' below:

Male	Female
<input type="checkbox"/>	<input type="checkbox"/>

African	Coloured	Indian	White
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Foreign Nationals	<input type="checkbox"/>
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If you are not a citizen by birth, please indicate the date you acquired your citizenship: _____

Person with a disability*	<input type="checkbox"/>
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If yes, specify nature of disability: _____

4. I verify that the above information is true and correct:

Signed: _____
Employee

Date: _____