

#### 2023 COHORT BURSARY SCHEME APPLICATION FORM

## **Dear applicant**

## Read the instructions carefully before filling in the application form

The completed Application Form must be returned to SIOC Community Development Trust before the 13<sup>th</sup> January 2023. It will be the applicant's responsibility to ensure delivery and receipt of application which must reach SIOC-CDT in either of the following methods:

| ONLINE APPLICATION | https://duxpd.co.za/sioc-cdt-2023-online-bursary-application-form/                     |
|--------------------|--|
|                    | SIOC-CDT OFFICE PARK<br>CORNER HENDRICK VAN ECK AND IAN FLEMMING<br>ROAD<br>KATHU 8446 |
| HAND DELIVERY      | OR  THABAZIMBI HUB  11 JOURDAN STREET, MOLLIES BUILDING THABAZIMBI 0380                |

#### INSTRUCTIONS FOR THE SUBMISSION OF APPLICATION FORMS.

SIOC-cdt will only consider your application if you have taken care to complete this form legibly and in full ensuring that all required documents have been attached.

|    |              |                | / _  | _  |
|----|--------------|----------------|------|----|
| 1. | Requirements | (MARK WITH A ✓ | OR 2 | K) |

| 0 | SA Citizen  | ( | ) |
|---|---|---|---|
| 0 | Younger than 35 years old                                   | ( | ) |
| 0 | Average pass mark of 65% (based on latest academic results) | ( | ) |
| 0 | In financial need based on total household income           | ( | ) |
| 0 | People living with a disability will get preference         | ( | ) |

- o From beneficiary area:
  - Gasegonyana
  - Joe Morolong
  - Gamagara
  - > Tsantsabane
  - > Thabazimbi



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| ATTAC  | H THE FOLLOWIN    | NG SUPPO     | JKIING L    | OCUIVIEN                   | S? (WARK   | WIIHA | · OR A) |     |
|--|-------------------|--------------|-------------|----------------------------|--|-------|---------|-----|
| <ul> <li>A certified copy of your September (Grade 12 learners) matric results</li> </ul>  |                   |              |             |                            |  |       |         |     |
| <ul> <li>A certified copy of your final NSC results (learners who completed NSC)</li> <li>Proof of acceptance at a public recognised institution of higher learning</li> </ul> |                   |              |             |                            |  |       |         |     |
|  |                   |              |             |                            | <ul> <li>A one-page cover letter to motivate your case</li> <li>A certified copy of your South African ID</li> </ul> |       |         |     |
| <ul> <li>Recent proof of residence</li> </ul>  |                   |              |             |                            |  |       |         |     |
|  | Proof of income   |              |             | ardian                     |  |       |         | ( ) |
| 0  | Medical note of t | vpe of di    | sability (\ | where appli                | icable)  |       |         | ( ) |
| 3. PER   | SONAL DETAILS     |              |             |                            |  |       |         |     |
| TITLE (MF  | R, MRS, MS)       |              |             | ENTITY<br>MBER             |  |       |         |     |
| INITIALS   |                   |              | RAG         | CE                         | N  | //ALE | FEM     | ALE |
| SURNAM   | E                 |              |             |                            | <u>.</u>   |       |         |     |
| FIRST NA   | MES IN FULL       |              |             |                            |  |       |         |     |
| DATE OF  | BIRTH             |              |             |                            | AGE  | AT    |         |     |
| (dd:mm:y   | ууу)              |              |             |                            | 31/12/   | 2023  |         |     |
|  |                   |              |             |                            |  |       |         |     |
| POSTAL A   | ADDRESS           |              |             |                            | -  |       |         |     |
| 1 001/12/135/1200  |                   |              |             |                            | PHYSICAL ADDRESS   |       |         |     |
|  |                   |              |             |                            |  |       |         |     |
| POSTAL C   | ODE               |              |             |                            | POSTAL   | CODE  |         |     |
| PROVINC  | E                 |              |             |                            | PROV   | INCE  |         |     |
| номе те  | LEPHONE NUMBER    | AREA<br>CODE |             | NUMBER                     |  |       |         |     |
| APPLICANT CELL NUMBER  |                   |              |             | ALTERNATIVE CELL<br>NUMBER |  |       |         |     |
| E-MAIL A   | DDRESS            |              |             |                            | 1  |       |         |     |
| EMERGEN  | NCY CONTACT       | NAME         |             |                            | NUMBER   |       |         |     |
| PLACE OF   | RIRTH             |              |             |                            |  |       |         |     |
| PLACE UP   | חועום             |              |             |                            |  |       |         |     |
| SA CITIZE  | N                 |              |             | Yes                        | ( ) OR No  | ) ( ) |         |     |



# TRUST Defining ourselves through our actions. not our words 2023 COHORT BURSARY SCHEME APPLICATION FORM

| MARITAL STATUS   |                | Single ( )                | Married (         | )      |  |  |
|--|----------------|---------------------------|-------------------|--------|--|--|
| DO YOU SUFFER FROM ANY CH                                      | RONIC ILL NESS | OR PHYSICAL HANG          | DICAP? YES ( )    | NO ( ) |  |  |
| If YES please give details                                     |                |                           |                   |        |  |  |
| HAVE YOU BEEN CONVICTED OF                                     | ANY CRIME? Y   | ES ( ) NO ( )             |                   |        |  |  |
| If YES please give details                                     |                |                           |                   |        |  |  |
|  |                |                           |                   |        |  |  |
| TITLE (MR, MRS, MS, DR, etc.)                                  |                | IDENTITY                  | Y NUMBER          |        |  |  |
| INITIALS   |                | NATURE OF<br>RELATIONSHIP |                   |        |  |  |
| SURNAME  |                |                           |                   |        |  |  |
| FIRST NAMES IN FULL  |                |                           |                   |        |  |  |
| OCCUPATION   |                |                           |                   |        |  |  |
| PLACE OF WORK  |                |                           |                   |        |  |  |
| HOME TELEPHONE NUMBER  | AREA CODE      |                           | NUMBER            |        |  |  |
| WORK TELEPHONE NUMBER  | AREA CODE      |                           | NUMBER            |        |  |  |
| FAX NUMBER   | AREA CODE      |                           | NUMBER            |        |  |  |
| CELL NUMBER  |                |                           | E-MAIL<br>ADDRESS |        |  |  |
|  |                |                           |                   |        |  |  |
| 4. UNIVERSITY / TVET C   | OLLEGE & FIE   | LD OF STUDY AC            | CCEPTED FOR?      |        |  |  |
| INSTITUTION  |                |                           |                   |        |  |  |
| FIELD OF STUDY   |                |                           |                   |        |  |  |
| STUDENT NUMBER   |                |                           |                   |        |  |  |
| YEAR OF STUDY (E.g. 1 <sup>st</sup> , 2 <sup>nd</sup> , S1/S2) |                |                           |                   |        |  |  |
| 5. SCHOOL WHERE YOU COMPLETED NSC?                             |                |                           |                   |        |  |  |
| SCHOOL NAME  | SCHOOL NAME    |                           |                   |        |  |  |
| SCHOOL ADDRESS   |                |                           |                   |        |  |  |
| SCHOOL TELEPONE NO.  |                |                           |                   |        |  |  |



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| LOCAL MUNICIPALITY  |                                 |                               |             |
|---|---------------------------------|-------------------------------|-------------|
| 6. How did you hear a   | about the SIOC-cdt bursa        | ıry?                          |             |
| SIOC-cdt Advertisement ( ) Fam  | nily / friends( ) School / Teac | her ( ) Internet ( ) SIOC-cdt | Website ( ) |
| I am part of the SIOC-CDT B   | ridging programmes:             | SchiMathUS                    | yes no      |
|   |                                 | Access for Success            | yes no      |
| As an applicant I have bene   | fited from another SIOC-        | CDT programme:                | yes no      |
| If yes, which one?  |                                 |                               |             |
| 7. DECLARATION  |                                 |                               |             |
| I declare that the information<br>I understand that any false inf<br>further lead to me being charg | ormation will automatically     | y disqualify me from obtaini  | _           |
| SIGNATURE   | DIACE                           |                               | DATE        |