



# BURSARY APPLICATION FORM 2016 FIRST YEARS (UNDERGRADUATE & HONOURS)

Please note:

This application form is for first year students only

WERE YOU PREVIOUSLY AWARDED A BURSARY BY FOODBEV SETA?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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## A. STUDY DETAILS

INSTITUTION	
CAMPUS	
STUDENT NUMBER	
STUDY COURSE (E.g. BSc, BCom, BTech)	
DISCIPLINE (E.g. Engineering, Finance)	
Year of study (e.g. 1 <sup>st</sup> , 2 <sup>nd</sup> etc.)	

## B. PERSONAL DETAILS

TITLE		IDENTITY NUMBER	
INITIALS		RACE	
		MALE	
		FEMALE	
SURNAME			
FIRST NAMES (FULL)			

DATE OF BIRTH (dd:mm:yy)		AGE AT 31 DEC 2015	
POSTAL ADDRESS		PHYSICAL ADDRESS	
POSTAL CODE		POSTAL CODE	
MUNICIPALITY		MUNICIPALITY	
PROVINCE		PROVINCE	
		IS YOUR AREA RURAL OR URBAN?	

HOME TELEPHONE NUMBER	AREA CODE		NUMBER	
FAX NUMBER	AREA CODE		NUMBER	
APPLICANT CELL NUMBER			ALTERNATIVE CELL NUMBER	
E-MAIL ADDRESS				
EMERGENCY CONTACT	NAME		NUMBER	

PLACE OF BIRTH			
SA CITIZEN	Yes <input type="checkbox"/>	OR	Permanent Resident Yes <input type="checkbox"/>
MARITAL STATUS	Single <input type="checkbox"/>	Married <input type="checkbox"/>	Divorced <input type="checkbox"/> Widowed <input type="checkbox"/>
DO YOU SUFFER FROM ANY CHRONIC ILLNESS OR PHYSICAL HANDICAP?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	

If yes please give details		
<b>HAVE YOU BEEN CONVICTED OF ANY CRIME?</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes please give details		

### C. PARENT / GUARDIAN DETAILS (IF UNDER THE AGE OF 21)

TITLE (MR, MRS, DR, ETC)		IDENTITY NUMBER	
INITIALS		NATURE OF RELATION	
SURNAME			
FIRST NAMES IN FULL			
OCCUPATION			
PLACE OF WORK			

HOME TELEPHONE NUMBER	AREA CODE		NUMBER	
WORK TELEPHONE NUMBER	AREA CODE		NUMBER	
CELL NUMBER			E-MAIL ADDRESS	

### D. CHECKLIST FOR SUBMISSION OF SUPPORTING DOCUMENTS

Your application must be accompanied by the following documentation. **Application Forms with incomplete supporting documents will not be considered.** Please tick each document included in your application:

Document:	Check:
Copy of Grade 12 results	
Proof of application approval/registration from Higher Education Institution for intended qualification	
Tuition fee quotation as issued by the Higher Education Institution	
Copy of South African Identification Document OR South African Passport	

### E. DECLARATION OF AUTHENTICITY

*This section must be signed by the applicant's parent/guardian if applicant is under 21 years of age.*

I declare that the information supplied in this application is to the best of my knowledge true and correct. I understand that any false information will automatically disqualify me from obtaining any funding and could further lead to me being charged in a Court of Law for fraudulently receiving funding. I confirm that the receipt of bursary funding will carry a one year obligation within the Food and Beverage Manufacturing Sector in South Africa as per the FoodBev SETA Bursary Grant Funding Policy.

Signed on this \_\_\_\_ day of \_\_\_\_\_ 2016 in \_\_\_\_\_.

\_\_\_\_\_  
Signature

PLEASE RETURN THIS APPLICATION FORM TO:

FoodBev SETA  
13 Autumn Street, Rivonia, 2128  
E-mail: [bursaries2016@foodbev.co.za](mailto:bursaries2016@foodbev.co.za)  
Fax: 086 649 2279

