

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 13th 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/
HAND DELIVERY	<p>SIOC-CDT OFFICE PARK CORNER HENDRICK VAN ECK AND IAN FLEMMING ROAD KATHU 8446</p> <p><u>OR</u></p> <p>THABAZIMBI HUB 11 JOURDAN STREET, MOLLIES BUILDING THABAZIMBI 0380</p>

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 X)

- SA Citizen ()
- Younger than 35 years old ()
- Average pass mark of 65% (based on latest academic results) ()
- In financial need based on total household income ()
- People living with a disability will get preference ()
- From beneficiary area:
 - Gasegonyana
 - Joe Morolong
 - Gamagara
 - Tsantsabane
 - Thabazimbi

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2. ATTACH THE FOLLOWING SUPPORTING DOCUMENTS? (MARK WITH A OR X)

- A certified copy of your September (Grade 12 learners) matric results ()
- A certified copy of your final NSC results (learners who completed NSC) ()
- Proof of acceptance at a public recognised institution of higher learning ()
- A one-page cover letter to motivate your case ()
- A certified copy of your South African ID ()
- Recent proof of residence ()
- Proof of income of parent(s) or guardian ()
- Medical note of type of disability (where applicable) ()

3. PERSONAL DETAILS

TITLE (MR, MRS, MS)		IDENTITY NUMBER			
INITIALS		RACE		MALE	FEMALE
SURNAME					
FIRST NAMES IN FULL					
DATE OF BIRTH (dd:mm:yyyy)		AGE AT 31/12/2023			
POSTAL ADDRESS		PHYSICAL ADDRESS			
POSTAL CODE		POSTAL CODE			
PROVINCE		PROVINCE			
HOME TELEPHONE NUMBER	AREA CODE		NUMBER		
APPLICANT CELL NUMBER	ALTERNATIVE CELL NUMBER				
E-MAIL ADDRESS					
EMERGENCY CONTACT	NAME		NUMBER		

PLACE OF BIRTH	
SA CITIZEN	Yes () OR No ()

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MARITAL STATUS	Single () Married ()
DO YOU SUFFER FROM ANY CHRONIC ILL NESS OR PHYSICAL HANDICAP? YES () NO ()	
If YES please give details	
HAVE YOU BEEN CONVICTED OF ANY CRIME? YES () NO ()	
If YES please give details	

TITLE (MR, MRS, MS, DR, etc.)		IDENTITY NUMBER	
INITIALS		NATURE OF 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 ADDRESS

4. UNIVERSITY / TVET COLLEGE & FIELD OF STUDY ACCEPTED FOR?

INSTITUTION	
FIELD OF STUDY	
STUDENT NUMBER	
YEAR OF STUDY (E.g. 1st, 2nd, S1/S2)	

5. SCHOOL WHERE YOU COMPLETED NSC?

SCHOOL NAME	
SCHOOL ADDRESS	
SCHOOL TELEPHONE NO.	

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