## **BURSARY APPLICATION FORM 2017**

Sugar Industry Trust Fund for Education PO Box 700, Mount Edgecombe, 4300

Tel: 031 508 7034 Fax: 031 508 7191

www.sasa.org.za/sitfe bursaries@sasa.org.za



- 1 Applicants must be either:
- 1.1 Registered or have applied in the **Faculties of Science, Engineering or Agriculture** at a University, University of Technology or College of Agriculture.

or

- 1.2 The **children of a sugarcane farm worker** who is registered or has applied for any field of study at a University, University of Technology or College of Agriculture.
- 2 All applications must reach the South African Sugar Association before or on Wednesday, **30 November 2016.**
- This application form must be completed in full. PLEASE REFER TO CHECKLIST
- 4 Do not attach any original certificates or testimonials, as these cannot be returned.
- 5 We reserve the right to withdraw bursaries awarded to students who accept other full bursaries or loans.
- Shortlisting will be done in January 2017. Shortlisted candidates will be required to attend interviews in January and/or February 2017.

7 Initial shortlisting will be	e based on mid-year results of the current year of study.	
8 Final selection will be ba	ased on your final results of your current year of study.	
9 If you do not hear from	us by <b>31 January 2017</b> , please consider your application unsuccessful.	
A. PERSONAL DETAIL	S	
SURNAME	TITLE	
		1
FIRST NAMES		
<del></del>		-
MARITAL STATUS	Single Married	
DATE OF BIRTH		
IDENITITY ALLINADED		1
IDENTITY NUMBER		
NAME OF YOUR TOWN	PROVINCE (Please tick your province)	
	KwaZulu-Natal province	
	Mpumalanga province	
	Other (specify)	
PLEASE TICK THE COURSE YOU	U WISH TO STUDY OR ARE STUDYING	
Mechanical Engineering	Science (specify major(s) )	
Electrical Engineering	Agriculture (specify major(s) )	
Chemical Engineering	Other (specify)	
INSTITUTION(S) APPLICANT R	EGISTERED WITH OR APPLIED TO	1
CENTRAL ARRUGATIONS OFF	CF (CA O) NUMADED (If any live Live)	
CENTRAL APPLICATIONS OFFI	CE (CAO) NUMBER (If applicable)	]
YOUR HOME/PHYSICAL ADDR	RESS POSTAL ADDRESS	
CODE	CODE	

YOUR CONTACT PHONE NUMBERS		YOUR CONTACT	CELLPHONE NUM	1BER
YOUR CONTACT E-MAIL ADDRESS	7	ALTERNATIVE E-	MAIL ADDRESS	
	_			
TELEPHONE NUMBER OF RELATIVE		CELL DUONE NUM	ARER OF RELATIV	-
TELEPHONE NUMBER OF RELATIVE	٦	CELLPHONE NON	MBER OF RELATIV	<u>t</u>
	_			
TELEPHONE NUMBER OF A FRIEND		CELL PHONE NUM	ЛBER OF A FRIEN	D
	٦			
	_			
DO YOU HAVE ANY RELATIVE WORKING FOR T	HE SUGAR INDU	STRY (MILLING or	FARMING)	
IF YES, PLEASE ATTACH PROOF (Salary slip or g	rower code)	Y	ES	NO
B. CHILD OF SUGARCANE FARM W	ORKER (If ap	oplicable)		
IS YOUR MOTHER OR FATHER A SUGARCANE F	ARM WORKER	Y	ES	NO
		_		
WHAT IS THEIR OCCUPATION OF THE FARM				
WHAT IS THE NAME OF THE FARM				
C. HIGH SCHOOL INFORMATION				
NAME OF SCHOOL				
TYPE OF CERTIFICATE OBTAINED				
(if completed grade 12)				
GRADE 12 LATEST RESULTS (final results or Jur	o roculto attac	h a conv of the cta	tomont or school	ronort)
GRADE 12 LATEST RESOLTS (IIIIal Tesults of Jul	e results - attac	ii a copy of the sta	terrient or scrioor	reporty
		RESU	JLTS	7
SUBJECTS		PERCENTAGE	SYMBOL	-
1				1
2				1
3				
4				
5				
6				
7				4
8				-
9				-
10				_
D TERTIARY STUDIES				
D. TERTIARY STUDIES				
NAME OF INSTITUTION				
IVAIVIE OF INSTITUTION				
STUDENT NUMBER				
STUDENT NUMBER				
STUDENT NUMBER YEAR OF STUDY IN 2017	1ST YEAR	] ]2	ND YEAR	
STUDENT NUMBER YEAR OF STUDY IN 2017	1ST YEAR 3RD YEAR		ND YEAR TH YEAR	

NAME OF THE FACULTY		
CONTACT DETAILS FOR FACULTY		
IF CURRENTLY REGISTERED, PLEASE SPECIFY CO	JURSES	
(Also attach full academic record)	6	
2	7	
3	8	
4	9	
5	10	
	<u> </u>	
ARE YOU CURRENTLY A BENEFICIARY OF ANY G	RANT OR BURSARY?	YES NO
IF YES, PLEASE STATE THE NAME OF THE FUND	ER	
OBLIGATIONS AND CONDITIONS OF THE EXIST	NG GRANT OR BURSARY	
E. FAMILY		
<b>DETAILS OF PARENTS</b> (If deceased, please attac	h copy of death certificate)	
NAME & SURNAME OF YOUR MOTHER		
IDENTITY NUMBER OF YOUR MOTHER		
TELEPHONE NUMBER		
NAME OF EMPLOYER		
ANNUAL SALARY (attach proof of income)		
OCCUPATION		
NAME & SURNAME OF YOUR FATHER		
IDENTITY NUMBER OF YOUR FATHER		
TELEPHONE NUMBER		
NAME OF EMPLOYER		
ANNUAL SALARY (attach proof of income)		
OCCUPATION		
DETAILS OF LEGAL GUARDIAN		
(To be completed by applicants living or suppor	ied by a guardian)	
NAME & CURNAME OF VOUR CHARRIAN		
NAME & SURNAME OF YOUR GUARDIAN TELEPHONE NUMBER		
NAME OF EMPLOYER		
ANNUAL SALARY (attach proof of income)		
OCCUPATION		
JOINT INCOME OF PARENTS OR GUARDIAN (Ap	pplication based on "need"	will not be considered unless
proof of income is attached)		
up to R20 000 per annum		up to R100 000 per annum
up to R40 000 per annum		up to R200 000 per annum
up to R60 000 per annum		up to R300 000 per annum
up to R80 000 per annum		above R400 000 per annum

OTHER FAMILY MEMBERS					
DO YOU HAVE SISTERS AND BI	ROTHERS?	YES	NO		
HOW MANY DO YOU HAVE?					
HOW MANY ARE STILL IN SCH	00L?				
E ADDITIONAL INFO					
F. ADDITIONAL INFO		_			
Give details of any activity/pro	-	community wo	rk) in which you	ı have done well	
at school and/or in the commi	unity				
Have you ever visited a sugar	cane farm or suga	r mill. If yes, ple	ase give details	of where,	
when and what your experien	ce was like.				
Have you had a part time job		YES	NO	1	
mave you mad a part time job		ILS	INO	J	
If yes, please describe your du	ties and state the	name of the cou	mpany		
700, produce decorride year da					
Have you been involved with a	any of the SITFE p	roject partners (	Please tick)		
		1			
Midlands Community College			TREE		
CASME			MiET Africa		
PROTEC			TUT Engineerin	g Stepping	
			Initiative		
G. YOUR APPLICATION		CONSIDERED	UNLESS TH	IE INFORMATIO	N
DETAILED BELOW	IS ATTACHED				
1 Latest school progress re	eport, final Grade	12 Statement of	Results (if availa	able) <b>OR</b>	
tertiary exam results if a	Iready registered a	at an institution			
2 Documentation providin	g proof of sugar in	dustry connection	on, if connected		
3 Proof of family income ()	payslip, pension re	ceipts, affidavit	detailing incom	e or unemployment	
4 Death certificate if a par	ent is deceased				
5 Certified copy of your ide	=				
6 Confirmation of applicat	ion / registration a	at an University,	University of Te	chnology or College	of Agriculture.
I hereby declare that the inform					
assistance being granted, I am rules of SITFE bursary scheme.		into the require	u agreement wi	ui Sitre in terms of	uie
rules of stire bursary scrieme.					
Date	Applicant's signa	iture		Guardian's signatu	re
5460	. Aphircuit 3 3igila			(If applicant under	
				applicant under	11
			1	<u> </u>	

## **BURSARY APPLICATION CHECKLIST**

Sugar Industry Trust Fund for Education PO Box 700, Mount Edgecombe, 4300

Tel: 031 508 7034 Fax: 031 508 7191

www.sasa.org.za/sitfe bursaries@sasa.org.za



## Please ensure you have completed the application form and attached the following documents:

٧	Tick
	Dursan anniestion form is complete
	Bursary application form is complete
	Full academic record to date or school progress report
	Final Grade 12 Statement of Results <b>OR</b> year end results if already registered at an Institution.
	Documentation providing proof of sugar industry connection, if connected
	Proof of family income (payslip, pension receipts, affidavit detailing income or unemployment)
	Death certificate if a parent is deceased  Contified sony of your South African identity decument
	Certified copy of your South African identity document  Confirmation of application / registration at an University, University of Technology or
	College of Agriculture.
	College of Agriculture.
icant	's signature