



AIBPROF

ATHLONE INSTITUTE BURSARY PROJECT FUND

<AIBPROF>

BURSARY APPLICATION FORM

045-198 NPO

Mail the completed application form with supporting documents to: **The Secretary, PO Box 846, Huguenot, 7645**

NB. Please mark your answer with an "X" where applicable.

Section 1: Personal Information

ID Number:

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 Male: Female:

Surname: _____

Full names: _____

Cell number: _____

Marital Status:

Single	
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Married	
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Divorced	
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Number of dependants	
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Address: Home

Postal Code:

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Postal (only if differs from home-address)

Postal Code:

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Email Address: _____

Section 2: Course Information

Name of Institution: (e.g. University Stellenbosch/Boland College)

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Current course of study: (e.g. ND Chemical Engineering/B Com Accounting)

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Campus: (e.g. Bellville/Wellington)

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Current Year of study: (1st, 2nd or 3rd year)

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Section 3: Student Account Information (to be completed by University or College)

Course of study: _____

Level: _____ Institution: _____

Student number:

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Registration-fees:

R _____

Study-fees:

R _____

Hostel-fees:

R _____

Designation: _____

Signature: _____

College/University Stamp



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Section 4: Academic Information (First Year Students)

Highest qualification: Date passed: (mmm-yyyy)

School attended: _____

Have you participated in any extramural activities at school? Yes No

If YES, please give detail: _____

Special interests or hobbies: _____

Section 4: Academic Information (Senior Students)

Year/Level passed: (1st, 2nd or 3rd year) Date passed: (mmm-yyyy)

Any post-school qualifications (diplomas/degrees) already obtained: Yes No

If YES, please give detail:

Institution	Qualification	Year

Section 5: Family Information

FATHER

Surname: _____ Title:

Full names: _____

Cell number: _____

Employed: Yes No Pensioner: Yes No Occupation:

Marital Status: Single Married Divorced Deceased

MOTHER

Surname: _____ Title:

Full names: _____

Cell number: _____

Employed: Yes No Pensioner: Yes No Occupation:

Marital Status: Single Married Divorced Deceased

GUARDIAN

Surname: _____ Title:

Full names: _____

Cell number: _____

Employed: Yes No Pensioner: Yes No Occupation:

Marital Status: Single Married Divorced Deceased

Section 6: Financial Information - Income (Monthly)

INCOME:

FATHER:

Monthly Income: (before deductions) R

MOTHER:

Monthly Income: (before deductions) R

GUARDIAN 1:

Monthly Income: (before deductions) R

GUARDIAN 2:

Monthly Income: (before deductions) R

EXPENSES:

Bond: R

Rental: R

Other Dependant (s) (**not applicant**) presently studying at School or Higher Institution?

Name of Student	Institution	Amount
Total / Totaal		R <input type="text"/>

Section 7: Financial Information - Bursaries or Loans

Did you apply for an AIBPROF bursary before? Yes No

If YES, please state year:

Amount awarded: R R R R

Do you have any study loan(s)? Yes No

If YES, name Institution:

	R <input type="text"/>
	R <input type="text"/>
	R <input type="text"/>

List all other bursaries/loans you (have applied or will apply) for:

	R <input type="text"/>
	R <input type="text"/>
	R <input type="text"/>
	R <input type="text"/>

Section 8: Declaration of Parent / Guardian or Spouse

We (Applicant and Parent/Guardian/Spouse) hereby declare:

- that all the information to be true and correct;
- that we accept that all information will be treated as confidential;
- that this application is subject to a personal interview.

Signed at _____ on this _____ day of _____ **2**

Parent/Guardian/Spouse

Applicant



Section 9: Supporting Documents - Checklist

The following supporting documents must accompany your application.

Please check the box on the right of each item that is included. Your application will not be considered without the documentary proof.

- | | |
|---|--------------------------|
| 1. Certified copy of your ID document. | <input type="checkbox"/> |
| 2. Certified copy of your Matric results (First Year Students). | <input type="checkbox"/> |
| 3. Certified letter of your Academic records (Senior Students). | <input type="checkbox"/> |
| 4. Certified Proof of Registration. | <input type="checkbox"/> |
| 5. Copy of payment for Registration Fees. | <input type="checkbox"/> |
| 6. Proof of applicant's Home-address. | <input type="checkbox"/> |
| 7. Certified copies of pay-slip(s) of your parent (s) or guardian. | <input type="checkbox"/> |
| 8. Sworn affidavits if your parent (s) or guardian(s) are unemployed. | <input type="checkbox"/> |

ATTACHED ALL DOCUMENTS TO THIS PAGE

Section 10: Testimonial by Religious Leader

I, the undersigned, being the religious leader at: _____, testify

as follows concerning the bursary applicant whom I've known for the last year (s):

Describe the applicant's home circumstances:

Describe the applicant's involvement and participation in the activities of your organisation:

I recommend this applicant for a bursary because:

Name: _____
Designation: _____
Telephone Number: _____
Cell Number: _____

Signature: _____

