



ERIKA THERON BURSARY APPLICATION FORM

CLOSING DATE: 26th April 2024

Information provided will be handled in strict confidence. Please complete as fully as possible.

For additional requirements of applications, please also see the summary of GENERAL INFORMATION.

1. PERSONAL INFORMATION

Surname:.....

Maiden Name:.....

First name/s:.....

Student No:

Home address:.....

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Work address:.....

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2. CONTACT DETAILS

Work telephone number:.....

Home telephone number:.....

Cellular telephone number:.....

Email address:.....

Fax number:.....

3. ACADEMIC INFORMATION

Student number:.....

Name and surname of supervisor:

Degree you are registering for in 2024.....

Will you be registered full or part time in
2024.....

Qualifications: (including where and when
obtained).....

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4. WORK EXPERIENCE (PLACE AND DATES)

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5. FINANCIAL INFORMATION

Have you received an Erika Theron scholarship previously? Please list the
year/s and the amount/s

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Please describe your financial need briefly.....

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(if necessary, give more details in a covering letter or provide an itemized budget)

Total sum applied for:.....

Specify items (e.g. tuition, accommodation, traveling)

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6. OTHER FINANCIAL ASSISTANCE

1. Have you applied for other financial assistance. If yes, please specify

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7. ACADEMIC REFERENCE (please submit at least one reference letter from your employer, etc)

1. Name:.....

2. Work address and telephone
no.....
.....

**STUDENTS WHO WERE REGISTERED 2023 MUST PLEASE
SUBMIT A PROGRESS REPORT FROM THEIR
SUPERVISORS. PLEASE ALSO ATTACH A SHORT
WORKPLAN FOR 2024.**

8. DECLARATION BY APPLICANT

I.....hereby
declare that the information stated in this application is true to the best of
my knowledge. I have submitted this information knowing that if I
willfully state in it anything which I know to be false or which I do not
believe it to be true, I may be declared ineligible for all financial aid, and /
or disciplinary action / legal action may be taken against me by the
University. I further undertake to inform the Financial Aid Office
timeously of any change in my financial circumstances. I acknowledge
that should I fail to do so and continue to receive financial aid for which I
would not be entitled to by reason of my changed circumstances, the
university may have recourse against me in any ways set out above.

SIGNATURE OF APPLICANT:.....

WITNESS NO. 1:.....

WITNESS NO. 2:.....

PLACE: **DATE**.....

9. CHECK LIST

- Certified copy of Identity Document
- Certified copy of transcript
- Certified copy of Degree
- Reference letter from employer
- Progress report (where applicable)
- Work Plan for the year
- Letter of financial need/expenses (optional)