



## STUDENT FINANCIAL ASSISTANCE APPLICATION FORM 2017

**THE UNIVERSITY OF THE WESTERN CAPE  
PRIVATE BAG X17  
BELLVILLE  
7535**

**FINANCIAL AID OFFICE  
TEL: 021 959 9753**

<b>STUDENT NO</b>																							
<b>SURNAME</b>																							
<b>FIRST NAMES</b>																							

### **IMPORTANT NOTES**

- Application for financial assistance does not guarantee assistance.
- You might be expected to make a contribution towards your fees depending on the EFC (Expected Family Contribution) as per FA Means Test.
- You need to obtain a minimum of 50% average and be promoted to your next study level in order to be eligible for financial assistance
- Preference for funding will be given to Full time Registered students
- NSFAS do not pay for private accommodation for local students
- Should you be staying in private accommodation, please note that the lease agreement is between you and the landlord and therefore the University cannot be implicated in any arrangement with a third party.(Subject to any changes without prior notice)
- This form provides the University with personal information and is accorded the strictest confidentiality. It is used to assess your **Financial Eligibility** for UWC assistance.
- Misrepresentations, omissions or false information will result in rejection. Should you willfully forge documents or submit false information (commit fraud) UWC will take action against you.
- Failure to provide required supporting financial documentation (e.g. Salary slips, pension slips, et.) will result in your application being rejected.
- We advise you to apply to other bursary donors as well. The UWC bursary brochure can be obtained from the Financial Aid Helpdesk, Prefabs behind the Administration Building.
- No faxed OR e-mailed (scanned) documentation will be accepted.
- The Financial Aid Office will inform you via the student e-mail of the result of your application.
- To avoid disappointment and to ensure that you receive correspondence from the University, please ensure that your contact details on the University database is correct.

**STAFF MEMBER:** \_\_\_\_\_

**STAFF NR:**

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<p><b>DATE OF SUBMISSION</b></p>
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**UWC FINANCIAL ASSISTANCE APPLICATION 2017**  
**Closing date: 31 August 2016**

**FINANCIAL AID OFFICE**  
**TEL: 021 959 9753**

- APPLICATIONS ARE ONLY OPEN TO SOUTH AFRICAN CITIZENS
- PROOF OF INCOME SHOULD NOT BE OLDER THAN 3 MONTHS OF SUBMISSION
- ALL COPIES SHOULD BE CERTIFIED AS TRUE COPIES WITHIN 3 MONTHS OF SUBMISSION
- IF SUPPORTED BY A GUARDIAN, THE DEATH CERTIFICATE OF PARENT(S) OR A LETTER FROM SOCIAL SERVICES SHOULD BE INCLUDED
- INCLUDE PROOF OF REGISTRATION OF SIBLING (S) STUDYING AT TERTIARY INSTITUTION
- IF YOUR FAMILY IS FOSTERING A CHILD PLEASE INCLUDE COURT DECREE
- MARRIAGE CERTIFICATE OF APPLICANT PARENTS, IF MARRIED, MARRIAGE CERTIFICATE OF APPLICANT
- ONLY FULLY COMPLETED APPLICATION FORMS WILL BE ACCEPTED

**STUDENT NUMBER**

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**IDENTITY NUMBER**

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**SURNAME**

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**FIRST NAMES**

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**GENDER**

<input type="checkbox"/> M	<input type="checkbox"/> F
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**MARITAL STATUS** \_\_\_\_\_

**COURSE OF STUDY** \_\_\_\_\_

**FULL -TIME STUDIES**

**PART TIME STUDIES**

**PERMANENT HOME ADDRESS** \_\_\_\_\_

\_\_\_\_\_ **POSTAL CODE:** \_\_\_\_\_

**HOME NO:** \_\_\_\_\_ **CELL NO:** \_\_\_\_\_

**ADDRESS WHILE STUDYING** \_\_\_\_\_ **POSTAL CODE :** \_\_\_\_\_

**HOME NO:** \_\_\_\_\_ **CELL NO:** \_\_\_\_\_

\_\_\_\_\_

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**FOR OFFICIAL USE ONLY**

<b>INCOME 1</b>		<b>INCOME 2</b>		<b>INCOME 3</b>		<b>FAMILY MEMBERS</b>	
<b>STUDENTS</b>		<b>STAFF MEMBER</b>		<b>DATE ACCEPTED</b>		<b>DATE CAPTURED &amp; VERIFIED</b>	







SPOUSES EMPLOYERS DETAILS: \_\_\_\_\_

SPOUSES OCCUPATION: \_\_\_\_\_

EMPLOYERS TEL NO: \_\_\_\_\_

**E. NEXT OF KIN PARTICULARS**

SURNAME

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FIRST NAMES

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RELATIONSHIP TO APPLICANT \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_

WORK TELEPHONE NO: \_\_\_\_\_ CELLPHONE NO: \_\_\_\_\_

HOME TELEPHONE NO: \_\_\_\_\_

**F. APPLICANT DECLARATION**

I, \_\_\_\_\_ hereby declare that the information stated in this application  
 (**APPLICANT FULL NAME AND SURNAME**)  
 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 to be true, I may be declared ineligible for all financial assistance, and/or disciplinary action/legal action may be taken against me by the University. I further undertake to inform the Financial Aid Officer timeously of any change in my circumstances. I acknowledge that should I fail to do so and continue to receive financial assistance which I would not be entitled to by reason of my changed circumstances; the University may have recourse against me in any of the ways set out above.

STUDENT'S SIGNATURE \_\_\_\_\_

DATE 

D	D	M	M	Y	Y	Y	Y
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SIGNATURE OF SPOUSE/GUARDIAN \_\_\_\_\_

**IF APPLICANT IS UNDER THE AGE OF 18** DATE 

D	D	M	M	Y	Y	Y	Y
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**G. DECLARATION BY BIOLOGICAL PARENT/SPOUSE/ COURT-APPOINTED**

**GUARDIAN (To be completed by parent/spouse or legal guardian even if the applicant is over 18 years)**

I \_\_\_\_\_ and/or I \_\_\_\_\_ declare that the information stated  
(Mother/ Guardian/ Spouse) (Father/Guardian/Spouse)

in the application is true to the best of my knowledge and belief. I have submitted this information knowing that, if tendered in evidence, I would be liable for prosecution as set by the institutions regulations if I willfully state in it anything which I know is false or which I do not believe is true. In the interest of good governance and accountability for Public Funds,

- I agree that the University may request my individual profile from Transunion Credit Bureau to verify my employment details.
- I DO NOT agree that the University may request my individual profile from Transunion Credit Bureau to verify my employment details

\_\_\_\_\_  
(SIGNATURE MOTHER/GUARDIAN/SPOUSE)

\_\_\_\_\_  
(SIGNATURE FATHER/GUARDIAN/SPOUSE)

DATE 

D	D	M	M	Y	Y	Y	Y
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**H. STUDENT COLLECTION DECLARATION**

I \_\_\_\_\_ hereby declare that this application with all necessary documentation  
(STUDENT NAME AND SURNAME)

will be handed in by no later than the stipulated closing date. I acknowledge that the Financial Aid Office made the application available in due time and therefore will not accept any late applications.

\_\_\_\_\_  
(STUDENT SIGNATURE)

DATE

D	D	M	M	Y	Y	Y	Y
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**I. FAMILY STRUCTURE DETAILS: Fill in details of all members of the household**

	01	02	03	04	05
Full Name					
ID Number					
Relationship					
Dependent or Contributor					
Present Activity *					
Relationship					
Type of Income					
Annual Gross Income*					
	06	07	08	09	10
Full Name					
ID Number					
Relationship					
Dependent or Contributor					
Present Activity *					
Relationship					
Type of Income *					
Annual Gross Income*					

\* Relationship - Myself, mother, father, spouse, grandparent, sister, brother, son, daughter

\* Present Activity - Secondary -, primary school, employed, unemployed/self-employed, unemployed, studying

\* Type of Income - Salary, wages, SASSA grant

\* Annual Gross Income - Income before deductions



**CHECKLIST: PLEASE TICK THE CHECKLIST TO ENSURE YOU ATTACHED ALL RELEVANT DOCUMENTATION**

	Certified copies of birth certificates or ID's of all members of the family
	Certified copy of death certificate if applicable
	Proof of legal guardian if applicable
	Copy of parents full divorce agreement if applicable
	Single parents must provide us with a letter from Home Affairs confirming marital status and an affidavit stating knowledge about information regarding other parent.
	Unemployed siblings, ≤18yrs and not studying, must provide us with a letter from Department of Labour
	Sibling studying at FET College or at a tertiary institution must provide us with a proof of registration
	Marriage certificate of applicants parents or if Applicant is married his/her copy of Marriage certificate.
	If your parents are married but separated please attached legal documents as proof of separation or report from Department of Social Services.

**IF PARENTS/GUARDIAN/SPOUSE ARE EMPLOYED**

	Attach salary/wage slips of parent(s)/guardian(s)/spouse
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**IF PARENTS/GUARDIAN/ SPOUSE ARE AN INFORMAL TRADER/HAWKER**

	Proof of income
	Proof of lease agreement if renting accommodation

**IF PARENT/SPOUSE/GUARDIAN ARE EARNING COMMISSION**

	IRP5, IT3 and IT12 (last 2years)
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**IF PARENT/GUARDIAN/SPOUSE OWN OR ARE MEMBERS OF A CC/PTY (LTD) AND/ OR SOLE PROPRIETOR (OWNER)**

	An Income Statement, Balance Sheet, Cash Flow Statement, IT14 – Tax return for business (last 2 years)
	IT 12 – Tax return for the individual (last 2 years)
	IT3 – Income Tax Certificate from the Bank (last 2 year)

**IF PARENTS/GUARDIAN/SPOUSE ARE UNEMPLOYED**

	Official letter from the Department of Labour proving unemployment status
	Proof of how the family is supported
	If parent/guardian/spouse receives income such as pension/grant/maintenance/rental/interest from investment, submit proof please



