UWC STUDENT FINANCIAL ASSISTANCE APPLICATION FORM 2018

THE UNIVERSITY OF THE WESTERN CAPE
PRIVATE BAG X17
BELLVILLE
7535

FINANCIAL AID OFFICE
TEL: 021 959 9753

STUDENT NO																						
SURNAME																						
FIRST NAMES																						

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.
- Your application for funding will be accessed based academic performance and Financial Eligibility
- Preference for funding will be given to Full time Registered students
- 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: | | | | | | |

DATE
OF
SUBMISSION

UWC FINANCIAL ASSISTANCE APPLICATION 2018
Closing date: 29 SEPTEMBER 2017

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

IDENTITY NUMBER

SURNAME

FIRST NAMES

GENDER

M	F

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:** _____

_____

FOR OFFICIAL USE ONLY

INCOME 1		**INCOME 2**		**INCOME 3**		**FAMILY MEMBERS**	
STUDENTS		**STAFF MEMBER**		**DATE ACCEPTED**		**DATE CAPTURED & VERIFIED**	

A. FATHER/ GUARDIAN

FATHER ☐

GUARDIAN ☐

SURNAME

FIRST NAMES

IDENTITY NUMBER

MARITAL STATUS

MARRIED		SINGLE		WIDOWED		DIVORCED	

PHYSICAL ADDRESS: _____

_____

FATHER'S/GUARDIAN'S OCCUPATION: _____

NAME OF FATHER'S/GUARDIAN'S SPOUSE (*IF SHE'S NOT YOUR BIOLOGICAL OR ADOPTIVE MOTHER*)

_____

FATHER'S/GUARDIAN'S EMPLOYERS DETAILS: _____

EMPLOYER'S TEL NO:

B. MOTHER/ GUARDIAN

MOTHER ☐

GUARDIAN ☐

SURNAME

FIRST NAMES

IDENTITY NUMBER

MARITAL STATUS

MARRIED		SINGLE		WIDOWED		DIVORCED	

PHYSICAL ADDRESS: _____

_____

MOTHER'S/GUARDIAN'S OCCUPATION: _____

NAME OF MOTHER'S/GUARDIAN'S SPOUSE (IF HE'S NOT YOUR FATHER OR ADOPTIVE FATHER)

_____

MOTHER'S/GUARDIAN'S EMPLOYERS DETAILS: _____

EMPLOYER'S TEL NO: | | | | | | | | | | |

C. YOUR PERSONAL INFORMATION

ARE YOU:

SINGLE	
MARRIED	
DIVORCED	
WIDOWED	

EMPLOYED	
UNEMPLOYED	
SASSA GRANT HOLDER	

JOB TITLE (ONLY IF EMPLOYED) _____

EMPLOYERS DETAILS: _____

EMPLOYER'S TEL NO: | | | | | | | | | | |

D. YOUR SPOUSES DETAILS (REFER TO SECTION C)

SURNAME

FIRST NAMES

IDENTITY NUMBER

PHYSICAL ADDRESS: _____

_____

SPOUSES EMPLOYERS DETAILS: _____

SPOUSES OCCUPATION: _____

EMPLOYERS TEL NO: _____

E. NEXT OF KIN PARTICULARS

SURNAME

FIRST NAMES

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

SIGNATURE OF SPOUSE/GUARDIAN_____

IF APPLICANT IS UNDER THE AGE OF 18

DATE

D	D	M	M	Y	Y	Y	Y

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 |

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.

_____ DATE | D | D | M | M | Y | Y | Y | Y |

(STUDENT SIGNATURE)

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

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)

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