



## VODACOM BURSARY APPLICATION FORM

Attach **ALL** of the following documents **REQUIRED**:

1. Certified copy of a valid senior certificate (if you have completed Grade 12).
2. Current matriculants please provide your final Grade 11 results.
3. Certified copy of the latest academic transcript or record on official letterhead or logo (if you are already at university or university of technology).
4. Certified copy of a valid South African identity document.

PERSONAL DETAILS	
Name:	Male: <input type="checkbox"/> Female: <input type="checkbox"/>
Surname:	
Contact Number:	Alternative Number:
Date of Birth:	ID Number:
SA Citizen: <input type="checkbox"/> OR Permanent resident <input type="checkbox"/>	
Race: Black <input type="checkbox"/> White <input type="checkbox"/> Coloured <input type="checkbox"/> Indian <input type="checkbox"/>	
Home Address:	Postal Address:
Code:	Code:
Emergency Contact Person and number:	
Do you have a mental or physical disability? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, please specify	
Have you previously been charged /convicted of any crime/crimes? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, please specify	

HOUSEHOLD INCOME
What is the combined household income of your parents/guardian per annum? ( proof maybe requested)
R 0 – R 120K <input type="checkbox"/> R 120 – R 250K <input type="checkbox"/> R 250K – R 450K <input type="checkbox"/> R 450 < or more <input type="checkbox"/>

CURRENT OBLIGATION
How are your studies currently been funded? NFSAS <input type="checkbox"/> Bursary <input type="checkbox"/> Loan <input type="checkbox"/> Family <input type="checkbox"/> Self <input type="checkbox"/>
If yes, what is the name of the Bursary
Does it carry an employment obligation? Yes <input type="checkbox"/> No <input type="checkbox"/>

EDUCATION	
Name of current Institution:	Student no:
Level of study are you currently in: Matric <input type="checkbox"/> University <input type="checkbox"/> University of Technology <input type="checkbox"/>	
Year of study are you currently in : 1 <sup>st</sup> year <input type="checkbox"/> 2 <sup>nd</sup> year <input type="checkbox"/> 3 <sup>rd</sup> year <input type="checkbox"/>	
Qualification currently/intending to register for:	

**I declare that to the best of my knowledge all the information on this form is true and correct**