



APPLICATION FOR A CYRIL RAMAPHOSA EDUCATION TRUST BURSARY

*Please mark your answer with an "X" where applicable
This application form should be e-mailed to: info@cyrilramaphosa.org*

SECTION 1: PERSONAL INFORMATION

TITLE (Mr/Mrs/Ms/Other):				INITIALS:			
SURNAME:							
FULL NAME(S):							
PREFERRED NAME:							
DATE OF BIRTH(dd/ mm/ yyyy):		/ /		GENDER:		M <input type="checkbox"/> F <input type="checkbox"/>	
SA CITIZEN?		Yes <input type="checkbox"/> No <input type="checkbox"/>		ID NUMBER			
POPULATION GROUP:		Black <input type="checkbox"/>		Coloured <input type="checkbox"/>		Asian <input type="checkbox"/> Indian <input type="checkbox"/> White <input type="checkbox"/>	
MARITAL STATUS:		Never Married <input type="checkbox"/>		Married <input type="checkbox"/>		Divorced <input type="checkbox"/> Widowed <input type="checkbox"/>	
DISABILITIES:		Yes <input type="checkbox"/> No <input type="checkbox"/>		If "Yes" please specify:			
PHYSICAL ADDRESS:							
						CODE:	
PROVINCE:		Do you live in a rural area?				Yes <input type="checkbox"/> No <input type="checkbox"/>	
POSTAL ADDRESS:							
						CODE:	
TELEPHONE:		CODE		NUMBER		CELL	
E-mail							

SECTION 2: STUDY DETAILS

What are you doing currently?		High school <input type="checkbox"/>		Tertiary studies <input type="checkbox"/>		Working <input type="checkbox"/>		Nothing <input type="checkbox"/>		
Have you matriculated?		Yes <input type="checkbox"/>		No <input type="checkbox"/>						
Name of school										
GRADE 12 RESULTS										
Subjects						JUNE %		FINAL %		
1										
2										
3										
4										
5										
6										
7										
8										
Where do you intend to study?										
Intended course?						FULL TIME <input type="checkbox"/>		PART TIME <input type="checkbox"/>		
Have you been accepted for the course by the institution?						Yes <input type="checkbox"/> No <input type="checkbox"/>				
Student Number(if you have one):										
Have you been accepted for residence?						Yes <input type="checkbox"/> No <input type="checkbox"/>		Name of residence:		
Do you have any other Bursary?						Yes <input type="checkbox"/> No <input type="checkbox"/>				
If "yes" provide details:										
Where did you hear of the Cyril Ramaphosa Foundation? (University, School, SAICA, Friend, Internet, Radio, etc.)										

SECTION 3: PARENT / GUARDIAN & FAMILY INFORMATION

DETAILS OF FATHER:													
Title:			Surname:				Full Name:						
ID Number:										Employed?		Yes	No
Total income (salary, wages, pension, etc.) per month: R							Pensioner:		Yes	No			
Marital status:		Married	Divorced	Separated	Never Married		Widowed						
DETAILS OF MOTHER:													
Title (Mrs/Miss/Dr/Prof/Other):			Surname:				Full Name:						
ID Number										Employed?		Yes	No
Total Income (salary, wages, pension, etc.) Per month: R							Pensioner:		Yes	No			
Marital status:		Married	Divorced	Separated	Never Married		Widowed						
DETAILS OF GUARDIAN (not mentioned above):													
Title (Mr/Mrs/Dr/Prof/Other):			Surname:				Full Name:						
ID Number:										Yes		No	
Total Income (salary, grant, pension, etc.) per month:							Pensioner		Yes	No			
Marital Status:		Married	Divorced	Separated	Never Married		Widowed						
Relationship with you?													
DETAILS OF OTHER FAMILY MEMBERS WHO ARE LIVING AT YOUR HOME NOT MENTIONED ABOVE													
NAME		Relationship (E.g. Daughter, Son, Brother, Sister, Grandmother, Aunt, Nephew, Niece, etc)			Which category does the person fall under? (pre-schooler, scholar, Tertiary Student, Adult)			Does this person have any income from any source: (Rand per month)		What kind of Income is it? (e.g. wages, pension, grant)			
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													

SECTION 4: SUPPORTING DOCUMENTS CHECK LIST

THE FOLLOWING DOCUMENTATION MUST ACCOMPANY YOUR APPLICATION Please mark with an "X" if you have included the specific documents		
1	Certified copy of Matric June and Final results?	
2	Certified copy of your ID document?	
3	Certified copies of your parents / guardian's ID documents?	
4	Certified copies of pay-slips for your parents / guardian (if they are employed)?	
5	If your parents / guardians are pensioners or receiving a grant please include proof of income	
6		
7		
8		

SECTION 5: TESTIMONIAL BY EDUCATION OFFICIAL

I, the undersigned, testify as follows concerning the bursary applicant:					
Academic potential of applicant:					

Personality and leadership qualities of applicant:					

I recommend this applicant for a bursary because:					

This testimonial was given to me, the undersigned, in my capacity as: _____					
Of the school /college /technikon /university: _____					
I can be contacted on:	CODE:		NUMBER:		CELL:
Name and surname				Official Stamp	
Signature:		DATE:	/ /		

I testify as follows concerning the bursary applicant:					
Describe the applicant's home circumstance (if you know them):					

Describe the applicant's involvement and participation in community or social organisations:					

I recommend this applicant for a bursary because:					

This testimonial was given to me, the undersigned, in my capacity as: _____					
Of the church / community organisation: _____					
I can be contacted at the following, telephone number:	CODE		NUMBE R		CELL:
Name and Surname (please specify):				Official Stamp	
Name:		Date:	/ /		



SECTION 7: DECLARATION

I hereby declare that all the information given in this form and the included documents are true and accurate

Applicant's signature: _____ DATE ____/____/____

Signature of parent / guardian: _____ DATE ____/____/____