**SOCIAL WORK SCHOLARSHIP**

**INSTRUCTIONS FOR COMPLETION OF APPLICATION FORM-2017**

1. Make sure that you study the student guide on the Social Work Scholarship Programme.
2. The application form must be completed by learners admitted to study / those already studying Bachelor of Social Work Degree.
3. Students who have already qualified for any Bachelor degree are excluded from applying for the Social Work Scholarship.
4. Correctly provide details as required.
5. Where applicable, mark appropriate boxes with X
6. Once completed kindly attach the following:
   1. Certified copies of identity documents in respect of applicant and parent/ legal guardian/ caregiver.
   2. Certified copy of June 2016 results in respect of current Grade 12 learners. AND proof of admission if already admitted at university.
   3. Certified copy of latest results in respect of current University students.
   4. Certified copy of latest salary advice/ proof of income (not older than 3 months)/ affidavit in respect of parent/ legal guardian/ caregiver.
   5. Proof of residence not older than 3 months.
7. All applications must be submitted to Provincial Departments of Social Development by 31 October 2016 as indicated in the Student Guide.
8. Communication and feedback will only be limited to successful applicants.

**SOCIAL WORK SCHOLARSHIP APPLICATION FORM-2017**

**(FOR BSW DEGREE ONLY)**

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| **PART A: PERSONAL DETAILS** | | | | | | | | | |
| **SURNAME** |  | | | **IDENTITY NUMBER** | | |  | | |
| **NAMES** |  | | | **NATIONALITY** | | |  | | |
|  | | | **RACIAL GROUP** | | |  | | |
| **RESIDENTIAL/ HOME ADDRESS** |  | | | **GENDER** | | |  | | |
|  | | | **POSTAL ADDRESS** | | |  | | |
|  | | |  | | |
|  |  | | |  | | |
| **LOCATION** | | | | | | | | | |
| **PROVINCE** | **DISTRICT / REGION** | | | **LOCAL MUNICIPALITY** | | | **WARD NO** | | |
|  |  | | |  | | |  | | |
| **CONTACT DETAILS** | | | | | | | | | |
| **TELEPHONE NO** | **CELL NO** | | | **FAX NO** | | | **E-MAIL ADDRESS** | | |
|  |  | | |  | | |  | | |
| **ARE YOU CURRENTLY IN A CHILD AND YOUTH CARE CENTRE?** | | | | | | | | | |
| **YES** | **NO** | | | **If YES, provide name of Child and Youth Care Centre** | | | | | |
|  |  | | |
| **DO YOU HAVE DISABILITY?** | | | | | | | | | |
| **YES** | **NO** | | | **If YES please indicate type of disability** | | | | | |
|  |  | | |
| **PART B: EDUCATIONAL DETAILS (Grade 12 learners)** | | | | | | | | | |
| **NAME OF HIGH SCHOOL** |  | | | | | | **PERIOD (e.g. 2012-2016)** | | |
| **YEAR COMPLETED** |  | | | | | |
| ***If currently in Grade 12 attach proof of June 2016 results*** | | | | | | | | | |
| **HAVE YOU APPLIED FOR ADMISSION AT UNIVERSITY?** | | | | | | | **YES** | | **NO** |
| ***If YES attach proof of admission:*** | | | | | | | | | |
| **EDUCATIONAL DETAILS (UNIVERSITY STUDENTS)** | | | | | | | | | |
| **ARE YOU ALREADY STUDYING AT INSTITUTION OF HIGHER LEARNING?** | | | | | | | | | |
| **YES** | **NO** | | **If YES, provide NAME of Institution:** | | | | | | |
| **If YES, state degree for which you are registered:**  ***Attach latest results*** | | |
| **CURRENT YEAR OF STUDY** | **1ST** | **2ND** | | | | **3RD** | | **4TH** | |
| **ACCOMODATION** | | | | | | | | | |
| **HAVE YOU APPLIED FOR OFFICIAL UNIVERSITY RESIDENCE?** | | | | | | | **YES** | | **NO** |
| **PART C: PARENT/ LEGAL GUARDIAN/ CAREGIVER INFORMATION** | | | | | | | | | |
| **SURNAME** |  | | | | | | | | |
| **NAMES** |  | | | | | | | | |
| **RELATIONSHIP TO APPLICANT** |  | | | | **IDENTITY NUMBER:** | | | | |
| **CONTACT DETAILS** | | | | | | | | | |
| **TELEPHONE NO** | **CELLPHONE NO** | | **EMAIL ADDRESS** | | | | **FAX NO** | | |
|  |  | |  | | | |  | | |
| **EMPLOYMENT STATUS** | | | | | | | | | |
| **EMPLOYED** | **UNEMPLOYED** | | **SELF EMPLOYED** | | | |  | | |
|  |  | |  | | | |  | | |
| **If EMPLOYED provide details of employer:** | | | | | | | | | |

**Declaration by applicant:**

**I (full names)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Confirms that information provided is correct.**

**Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signed at: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**