BURSARY APPLICATION FORM 2023

Sugar Industry Trust Fund for Education PO Box 700, Mount Edgecombe, 4300

Tel: 031 508 7034 Fax: 031 508 7191 www.sitfe.co.za <u>bursaries@sasa.org.za</u>



- "Missing Middle" applicants whose family combined income is between R350 000 to R600 000 from sugarcane growing areas, will receive preference.
- 2 Applicants must be either:
- 2.1 Registered or have applied in the **Faculties of Science, Engineering or Agriculture** at a University, University of Technology or College of Agriculture. OR
- 2.2 The **children of a sugarcane farm worker** who are registered or have applied for **any field of study** at a University, University of Technology or College of Agriculture.
- 3 All applications must reach the South African Sugar Association before or on Monday, 31 October 2022.
- This application form must be completed in full. **PLEASE REFER TO CHECKLIST**.
- 5 Do not attach any original certificates or testimonials, as these cannot be returned.
- 6 We reserve the right to withdraw bursaries awarded to students who accept other full bursaries or loans.
- Shortlisting will be done in first week of **December 2022**. Shortlisted candidates will be required to attend interviews in mid **December 2022**.
- 8 Initial shortlisting will be based on your Grade 11 final results and Grade 12 June results or latest Tertiary results.
- 9 Final selection will be based on your final Matric results.

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10 If you do n	ot hear from ι	ıs by 31 January 2	023, please cons	ider your appli	ication unsuccessful.	
A. PERSON	AL DETAILS	<u></u>				
SURNAME			TITLE			
			•			_
FIRST NAMES						
	_	a l	Γ	l	.1	٦
MARITAL STATU	5	Single		Married		J
DATE OF BIRTH					٦	
					_	
IDENTITY NUMB	ER]
NAME OF YOUR	TOWN		PROVINCE (Plea		rovince)	٦
			KwaZulu-Natal p Mpumalanga pr			_
			Other (specify)	ovince		
			Other (specify)			
PLEASE TICK THE	COURSE YOU	WISH TO STUDY	OR ARE STUDYI	NG		
Mechanical Engineering Science (specify major(s))						
Electrical Engine	ering		Agriculture (specify major(s))			
Chemical Engineering			Other (specify)			
			-			
INSTITUTION(S)	APPLICANT RE	GISTERED WITH O	OR APPLIED TO			7
CENTRAL APPLIC	ATIONS OFFI	E (CAO) NUMBER	(If applicable)			
CENTIALATTEC	A110113 01110	L (CAO) HOMBEN	(ii applicable)			7
						_
YOUR HOME/PH	YSICAL ADDR	ESS	-	POSTAL ADDR	RESS	
CODE		1		CODE		٦
CODL	1	I		CODL	I	I

YOUR CONTACT PHONE NUMBERS	7	YOUR CONTAC	T CELLPHONE NUM	BER			
YOUR CONTACT E-MAIL ADDRESS	_]	ALTERNATIVE	E-MAIL ADDRESS				
TELEPHONE NUMBER OF RELATIVE]	CELLPHONE NU	JMBER OF RELATIVE	:			
TELEPHONE NUMBER OF A FRIEND		CELLPHONE NU	JMBER OF A FRIEND	,			
DO YOU HAVE ANY RELATIVE WORKING FOR T IF YES, PLEASE ATTACH PROOF (Salary slip or g		STRY (MILLING o		NO			
B. CHILD OF SUGARCANE FARM WORKER (If applicable) IS YOUR MOTHER OR FATHER A SUGARCANE FARM WORKER							
IF YES, PLEASE ATTACH PROOF (Salary slip or g WHAT IS THEIR OCCUPATION AT THE FARM	rower code)		YES	NO			
WHAT IS THE NAME OF THE FARM							
C. HIGH SCHOOL INFORMATION NAME OF SCHOOL							
TYPE OF CERTIFICATE OBTAINED (if completed grade 12)							
GRADE 12 LATEST RESULTS (final results or June results - attach a copy of the statement or school report) RESULTS							
SUBJECTS		PERCENTAGE	SYMBOL				
2							
3							
5							
6							
7							
8							
D. TERTIARY STUDIES							
NAME OF INSTITUTION							
STUDENT NUMBER							
STUDENT NUMBER YEAR OF STUDY IN 2023	1ST YEAR		2ND YEAR				

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CONTACT PERSON AT INSTITUTION						
HIS /HED CONTACT DETAILS						
HIS/HER CONTACT DETAILS						
IF CURRENTLY REGISTERED, PLEASE SPECIFY CO	URSES					
(Also attach full academic record)						
1	6					
3	7 8					
4	9					
5	10					
	<u> </u>	Г				
ARE YOU CURRENTLY A BENEFICIARY OF ANY G	RANT OR BURSARY	Y? [YES	NO		
 IF YES, PLEASE STATE THE NAME OF THE FUNDE	:R					
in res, recase state the Name of the Follow	··· <u></u>					
OBLIGATIONS AND CONDITIONS OF THE EXISTII	NG GRANT OR BUR	RSARY				
E. FAMILY						
DETAILS OF PARENTS (If deceased, please attack	n conv of death cer	tificate)				
DETAILS OF FAREIVES (II deceased, piease attack	reopy or death cert	tineate				
NAME & SURNAME OF YOUR MOTHER						
IDENTITY NUMBER OF YOUR MOTHER						
TELEPHONE NUMBER						
NAME OF EMPLOYER						
ANNUAL SALARY (attach proof of income) OCCUPATION						
occo. Anon						
NAME & SURNAME OF YOUR FATHER						
IDENTITY NUMBER OF YOUR FATHER						
TELEPHONE NUMBER NAME OF EMPLOYER						
ANNUAL SALARY (attach proof of income)						
OCCUPATION						
DETAILS OF LEGAL GUARDIAN	od by a guardian)					
(To be completed by applicants living or supported by a guardian)						
NAME & SURNAME OF YOUR GUARDIAN						
TELEPHONE NUMBER						
NAME OF EMPLOYER						
ANNUAL SALARY (attach proof of income)						
OCCUPATION						
JOINT INCOME OF PARENTS OR GUARDIAN (App	plication based on '	"need" will no	t be considered u	nless		
proof of income is attached)						
up to R350 000 per annum			up to R500 000 pe			
up to R400 000 per annum	L		up to R550 000 pe			
up to R450 000 per annum	L		up to R600 000 pe	er annum		

OTHER FAMILY MEMBERS				_			
DO YOU HAVE SISTERS AND	BROTHERS?	YES	NO]			
HOW MANY DO YOU HAVE?							
HOW MANY ARE STILL IN SC	HOOL?]			
F. ADDITIONAL INFO	TRMATION						
Give details of any activity/p		r community wo	ork) in which you	ı have done well			
at school and/or in the comr	-	T Community 440	JIK) III WIIICII yo.	I llave dolle well			
<u> </u>							
Have you ever visited a suga	= cana farm or sug-		aaaa aiya dataile	- of whore			
Have you ever visited a suga when and what your experie	_	ar mill. II yes, pi	ease give uetaiis	or wnere,			
Wileli alia what your expense	HICE WAS HICE.						
		r	T _	1			
Have you had a part time job)	YES	NO]			
If was interest describe your o	···tios and state the	s same of the co	nanu				
If yes, please describe your o	luties and state the	name or the co	mpany				
Have you been involved with	n any of the SITFE p	roject partners	(Please tick)				
Midlands Community College			KZN science Ce	ntre			
Rally to Read			MiET Resource	Centre			
PROTEC		1	Izingolweni Sci	ence Centre			
			5				
How did you hear about the	bursary?						
G. YOUR APPLICATION	N WILL NOT BE	CONSIDERE	D UNLESS TH	IE INFORMATIO	ON		
DETAILED BELOW	IS ATTACHED						
1 Final Grade 12 Trial and	d Matric Statement	of results OR fir	nal Tertiary exam	results if already			
registered at an institu							
2 Documentation providing proof of sugar industry connection, if connected.							
3 Proof of family income (pay slip, pension receipts, affidavit detailing income or unemployment).							
4 Death certificate if a parent is deceased.							
5 Certified copy of your identity document.							
6 Confirmation of application / registration at an University, University of Technology or College of Agriculture.							
I hereby declare that the info	rmation contained	in this application	n form is true ar	nd correct. In the e	vent of		
I hereby declare that the information contained in this application form is true and correct. In the event of assistance being granted, I am prepared to enter into the required agreement with SITFE in terms of the							
rules of SITFE bursary scheme			.u ug. co		tile		
. 4.00 0. 0 2 24.04. 7 00							
Date	Applicant's sign	ature		Guardian's signatu			
			7	(If applicant under	18 yrs)		

BURSARY APPLICATION CHECKLIST

Sugar Industry Trust Fund for Education PO Box 700, Mount Edgecombe, 4300

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bursaries@sasa.org.za Please ensure you have completed the application form and attached the following documents: √ Tick Bursary application form is complete Full Tertiary academic record to date or Grade 12 Trial results and Matric certificate Documentation providing proof of sugar industry connection, if connected Proof of family income (pay slip, pension receipts, affidavit detailing income or unemployment) Death certificate if a parent is deceased Certified copy of your South African identity document Confirmation of acceptance at a College of Agriculture or University Applicant's signature