BURSARY APPLICATION FORM 2019 Sugar Industry Trust Fund for Education PO Box 700, Mount Edgecombe, 4300 Tel: 031 508 7034 Fax: 031 508 7191

www.sasa.org.za/sitfe

bursaries@sasa.org.za



1	Applicants	must be	either:
T	Applicants	must be	CILICI

- 1.1Registered or have applied in the Faculties of Science, Engineering or Agriculture at a University, University of
Technology or College of Agriculture.or
- 1.2 The **children of a sugarcane farm worker** who is registered or has applied for **any field of study** at a University, University of Technology or College of Agriculture.
- 2 All applications must reach the South African Sugar Association before or on Wednesday, **31 October 2018**.
- 3 This application form must be completed in full. **PLEASE REFER TO CHECKLIST**
- 4 In addition to completing the SITFE application form, it is **COMPULSORY** for all students to apply on the NSFAS website. Please visit www.nsfas.org.za for online applications.
- 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.
- 7 Shortlisting will be done in first week of December 2018. Shortlisted candidates will be required to attend interviews in mid December 2018.
- 8 Initial shortlisting will be based on your Grade 11 final results and Grade 12 June results
- 9 Final selection will be based on your final Matric results.
- 10 If you do not hear from us by **31 January 2019**, please consider your application unsuccessful.

A. PERSONAL DETAILS				
SURNAME				
FIRST NAMES				
MARITAL STATUS	Single Married			
DATE OF BIRTH				
IDENTITY NUMBER				
NAME OF YOUR TOWN	PROVINCE (Please tick your province)			
	KwaZulu-Natal province			
	Mpumalanga province			
	Other (specify)			
	WISH TO STUDY OR ARE STUDYING			
Mechanical Engineering	Science (specify major(s))			
Electrical Engineering Agriculture (specify major(s))				
Chemical Engineering Other (specify)				
INSTITUTION(S) APPLICANT REGISTERED WITH OR APPLIED TO				
CENTRAL APPLICATIONS OFFICE (CAO) NUMBER (If applicable)				
YOUR HOME/PHYSICAL ADDRESS POSTAL ADDRESS				
CODE	CODE			

YOUR CONTACT PHONE NUMBERS		YOUR CONTAC	T CELLPHONE NUM	BER	
	1				
	_				
YOUR CONTACT E-MAIL ADDRESS	ALTERNATIVE E	E-MAIL ADDRESS			
				_	
TELEPHONE NUMBER OF RELATIVE	7	CELLPHONE NUMBER OF RELATIVE			
TELEPHONE NUMBER OF A FRIEND			JMBER OF A FRIEND	`	
	7				
DO YOU HAVE ANY RELATIVE WORKING FOR T	HE SUGAR INDU	STRY (MILLING o	or FARMING)		
IF YES, PLEASE ATTACH PROOF (Salary slip or g	rower code)		YES	NO	
B. CHILD OF SUGARCANE FARM W	•••	plicable)			
IS YOUR MOTHER OR FATHER A SUGARCANE FA					
IF YES, PLEASE ATTACH PROOF (Salary slip or g	rower code)		YES	NO	
WHAT IS THEIR OCCUPATION AT THE FARM					
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 Jun	e results - attacl	1		report)	
		RESULTS		-	
SUBJECTS		PERCENTAGE	SYMBOL	-	
2				-	
4				-	
5				-	
6					
7					
8					
9				-	
10					
D. TERTIARY STUDIES					
NAME OF INSTITUTION					
STUDENT NUMBER					
YEAR OF STUDY IN 2019	1ST YEAR		2ND YEAR		
	3RD YEAR		4TH YEAR		
		1			

NAME OF THE FACULTY						
CONTACT DETAILS FOR FACULTY						
IF CURRENTLY REGISTERED, PLEASE SPECIFY C	OURSES					
(Also attach full academic record)	c					
1	6					
3	8					
4	9					
5	10					
	10					
ARE YOU CURRENTLY A BENEFICIARY OF ANY GRANT OR BURSARY?						
IF YES, PLEASE STATE THE NAME OF THE FUN	DER					
OBLIGATIONS AND CONDITIONS OF THE EXIS	TING GRANT OR BURSARY					
E. FAMILY						
DETAILS OF PARENTS (If deceased, please atta	ch copy of death certificate	e)				
NAME & SURNAME OF YOUR MOTHER						
IDENTITY NUMBER OF YOUR MOTHER						
TELEPHONE NUMBER						
NAME OF EMPLOYER						
ANNUAL SALARY (attach proof of income)						
OCCUPATION						
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						
(To be completed by applicants living or suppo	orted by a guardian)					
(To be completed by applicants ining of suppo						
NAME & SURNAME OF YOUR GUARDIAN						
TELEPHONE NUMBER						
NAME OF EMPLOYER						
ANNUAL SALARY (attach proof of income)						
OCCUPATION						
JOINT INCOME OF PARENTS OR GUARDIAN (Application based on "need" will not be considered unless						
proof of income is attached)	· · · · · ·					
up to R20 000 per annum		up to R100 000 per annum				
up to R40 000 per annum		up to R200 000 per annum				
up to R60 000 per annum		up to R300 000 per annum				
up to R80 000 per annum		above R400 000 per annum				

OTHER FAMILY MEMBERS					
DO YOU HAVE SISTERS AND BR	OTHERS? YES	NO	Г		
HOW MANY DO YOU HAVE?			-		
HOW MANY ARE STILL IN SCHO	OL?		1		
			-		
F. ADDITIONAL INFOR	MATION				
Give details of any activity/proj	ect (academic or commu	nity work) in which yo	u have done well		
at school and/or in the commun	nity				
Have you ever visited a sugar ca	ane farm or sugar mill. If	yes, please give detail	s of where,		
when and what your experience	e was like.				
Have you had a part time job	YES	NO	1		
			_		
If yes, please describe your duti	es and state the name o	f the company			
		. (5)			
Have you been involved with an	ny of the SITFE project pa	TREE			
Midlands Community College					
CASME		MiET Africa			
PROTEC		TUT Engineeri	ng Stepping		
		Initiative			
G. YOUR APPLICATION V					
DETAILED BELOW IS					
	_	o 10 trial regults (if avai	ilabla) final Crada 1	2 Statement of	
1 Final Grade 11 results, Gra results (if available) OR te			-	z statement or	
2 Documentation providing					
3 Proof of family income (pa)	
4 Death certificate if a pare)	
5 Certified copy of your ider					
6 Confirmation of application / registration at an University, University of Technology or College of Agriculture.					
7 Proof of NSFAS application					
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.					
Data	Applicant's signature		Guardiania simut		
Date	Applicant's signature		Guardian's signatu		
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BURSARY APPLICATION CHECKLIST Sugar Industry Trust Fund for Education PO Box 700, Mount Edgecombe, 4300 Tel: 031 508 7034 Fax: 031 508 7191 www.sasa.org.za/sitfe bursaries@sasa.org.za



Please ensure you have completed the application form and attached the following documents:

√ Tick
Bursary application form is complete
Full academic record to date or school progress report
Final Grade 11 results, Grade 12 June results, Grade 12 trial results (if available), final Grade 12
Statement of results (if available) **OR** year end results if already registered at an Institution.
Documentation providing proof of sugar industry connection, if connected
Proof of family income (payslip, pension receipts, affidavit detailing income or unemployment)
Death certificate if a parent is deceased
Certified copy of your South African identity document
Proof of NSFAS Application
Confirmation of application / registration at an University, University of Technology or College of Agriculture.

Applicant's signature