



Golelo Trust

GOLELO TRUST BURSARY APPLICATION

Please complete the application form using a black pen.

All attachments must be certified by a Commissioner of Oaths. Your application will not be considered without the supporting attachments.

Please return the completed form and attachments to Corlé Grobler: golelo.trust@gmail.com or Golelo Trust, PO Box 13157, Witfield, 1467.

1. BURSARY APPLICATION DETAILS

| | | | | | | | | | | | | | |
|---|------------------------|--|--|-------|--|------------------------|--|-------------------|--|----|--|--|--|
| Surname | | | | | | | | | | | | | |
| Full Names | | | | | | | | | | | | | |
| Date of birth | | | | | | | | | | | | | |
| ID Number | | | | | | | | | | | | | |
| South African Citizen | Yes | | | | | No | | | | | | | |
| Disability? | Yes | | | | | No | | | | | | | |
| If yes, details of disability | | | | | | | | | | | | | |
| Criminal record | Yes | | | | | No | | | | | | | |
| Currently studying at | | | | | | | | | | | | | |
| Course studied | Mechanical Engineering | | | | | Industrial Engineering | | | | | | | |
| Year of study | Second | | | Third | | | | Fourth/ Post-grad | | | | | |
| Are you currently receiving a bursary/ scholarship or loan? | | | | | | | | Yes | | No | | | |

2. PERSONAL DETAILS

| | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Permanent Home Address*Please attach proof of address, e.g. municipal account, telephone account | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Postal Code | | | | | | | | | | | | | |
| Home Telephone No | | | | | | | | | | | | | |
| Applicant Cell No | | | | | | | | | | | | | |
| E-mail address | | | | | | | | | | | | | |
| Address residing at tertiary institution | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Name of Father | | | | | | | | | | | | | |
| Occupation of Father | | | | | | | | | | | | | |
| Father place of work | | | | | | | | | | | | | |
| Father contact number | | | | | | | | | | | | | |
| Name of Mother | | | | | | | | | | | | | |
| Occupation of Mother | | | | | | | | | | | | | |
| Mother place of work | | | | | | | | | | | | | |
| Mother contact number | | | | | | | | | | | | | |

