

2024 SIOC-CDT BURSARY APPLICATION FORM

Dear applicant

- Please **READ** the instructions before filling in the application form
- Only short-listed candidates will be contacted for an interview
- Application Closing date 20 December 2023 at 12h00 (midday)

Application methods:

- 1. Online via: https://duxpd.co.za/sioc-cdt-2024-online-bursary-application-form/ (recommended)
- 2. Manual application: It will be the applicant's responsibility to ensure delivery and receipt of the application which must reach SIOC-CDT on or before the closing date and time:
 - hand delivery to one of the below offices:

INSTRUCTIONS FOR THE COMPLETION OF THE APPLICATION:

SIOC-CDT will only consider your application if you have taken care to complete this application legibly and in full, ensuring that all required documents have been attached.

1. Requirements – (mark yes or no)

I declare th	nat I meet the following criteria set by SIOC-CDT	yes	no
-	I am a South African Citizen		
-	I am not older than 35 years of age (as at 20 December 2023)		
-	I have an average pass mark of 65% or above (based on my latest academic results)		
-	My household income is less than R600 000. (This must include both parents if they are working)		
-	I am living with a disability (if applicable)		
-	I will be studying:		
	Full Time		
	Part Time		
-	I live in / or come from one of the following areas:		
	 Gasegonyana 		
	Joe Morolong		
	 Gamagara 		
	 Tsantsabane 		
	Thabazimbi		
	Other		
-	I have proof of acceptance/or provisional acceptance at a public recognised institution of higher learning. If you do not have this then proof of application.		

Your names and surname need to be exactly the same as your ID document! Title: (Mr, Mrs, Miss): ______ Initials: _____ First Names in full: Surname: ____ Identity number: ____ Date of birth: (DD/MM/YEAR) The town you were born in: ____ _____ Home Language: ____ Gender: Female Male Asian African Indian Coloured White Other Race: Address: **Physical Address** Postal Address Postal code Postal code Province Province **Contact details** Applicant cell number Area code Number WhatsApp number Alternate cell number **Email address** Emergency contact Name Number Marital status Single Married Other: Yes No Do you have any form of chronic illness or physical handicap? If yes, provide details Have you been convicted of any crime? Yes No

2. Personal Details (Applicant)

If yes, provide details

3. Personal details (Parent / Guardian)

Please tick what is applicable: I have -

One parent/guardian	Two parents/guardians	No parent/guardian

Please complete parent/guardian detail if you ticked one or two above

Parent / Guardian 1

Title (MR, MRS, MS,				Ide	Identity number					
DR,)										
Initials				Nat	Nature of relationship					
First names in full				I				I		
Surname										
Occupation (tick	Employed	Uı	nen	nployed		Se	lf-employ	ed	Retired / P	ensioner
which one applies)	, ,			. ,					•	
Nature of work				Place of wo	rk					
Contact telephone	Area code				Nun	nber	r			
number										
Work telephone	Area code				Nun	nber	r			
number										
Cell number										
E-Mail address										
Highest qualification	Grade 11	Grade 1	2	Higher	Diplor	ma	Degree	Post	Trade	Other
obtained	and lower	(matric)		certificate				graduate		

Parent / Guardian 2 (if applicable)

Title (MR, MRS, MS,				Ide	ntity nu	ımbe	er			
DR,) Initials					Nature of relationship					
First names in full										
Surname										
Occupation (tick which one applies)	Employed	Un	employ	ed		Se	lf-employ	ed	Retired / P	ensioner
Nature of work			Plac	e of wo	rk					
Contact telephone number	Area code				Nun	nber	ſ			
Work telephone number	Area code				Nun	nber	ſ			
Cell number					•					
E-Mail address										
Highest qualification obtained	Grade 11 and lower	Grade 12 (matric)		ner ificate	Diplor	ma	Degree	Post graduate	Trade	Other

4. University / TVET college & field of study accepted for?

Please tick what is applicable

I am/ will be studying

- Full time
- Part time

Option 1

Institution				
Field of study / Course name				
Student number				
Year of study - tick which one applies	1 st year	1 st year extended	2 nd to 6 th year	Post Grad (Honours, Masters, PHD)

Option 2

Institution				
Field of study / Course name				
Student number				
Year of study - tick which one applies	1 st year	1 st year extended	2 nd to 6 th year	Post Grad (Honours, Masters, PHD)

5. School where you have completed/ are completing your NSC?

School name	
School Address	
School telephone number	
Local municipality	

Academics: Please attach your most recent academic results:

Please tick -

-	Grade 12 June results / report card	
-	Grade 12 prelim - term 3 results / report card	
-	University first semester results	
-	Final Results (NSC if matriculated before 2023 or final tertiary academic results)	

P	Please list your subject / modules with results:							
	Subject / Module	Percentage obtained						

6. How did you hear about SIOC-CDT community development trust?

SIOC-CDT Advertisement	
Family / Friend	
School / Teacher	
Internet	
SIOC-CDT website	
SIOC-CDT community programme	
Dux Website	
None of the above	

I am part of the SIOC-CDT: Please tick which one applies

Programme name	Yes I participated in this programme:
SchiMathUS	
Access for Success	
None of the above	

7.	NOTE: Your application will be rejected if any required document is missing.	
	All certified documents must not be older than 3 months	
	* A certified copy of your South African ID (Not older than 3 months)	
	* A certified copy of your latest academic results (Grade 12 June results OR Grade 12 Prelim – term 3 results, University 1 st semester results OR Final results	
	*A certified copy of your final NSC result if completed before 2023	
	* Proof of acceptance or provisional acceptance at a publicly recognised institution of higher learning OR proof of application	
	* Recent proof of residence (not older than 3 months)	
	* Proof of income of Parent(s) or guardian (most recent payslip) or certified declaration of unemployment listed in the application (not older than 3 months) OR affidavit confirming you do not have parents/guardians.	
	* Medical note of type of disability (if applicable)	
_	e of proof of residence: A copy of a utility bill in your own or parents/guardian's name reflecting you laddress e.g. rates and taxes or water and electricity account, letter from landlord or affidavit from lor.	
8.	Declaration	
underst	e that the information supplied in this application form is to the best of my knowledge true and contained that any false information will automatically disqualify me from obtaining any funding and court me being charged in a Court of Law for fraudulently receiving funding.	

Place: _____

Signature:

Date: _____