SIOC COMMUNITY DEVELOPMENT TRUST

2025 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 – **30 November 2024 at 12h00 (midday)**

Application methods:

1. Online via: https://duxpd.co.za/sioc-cdt-2025-online-bursary-application-form/
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 to one of the below offices:

SIOC-CDT OFFICE PARK Corner Hendrick Van Eck and Ian Flemming Road Kathu 8446	**THABAZIMBI HUB** 11 Jourdan Street, Mollies Building Thabazimbi 0380

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 that 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 the 30th of November 2024		
- I have an average pass mark of 65% or above (based on my latest academic results)		
- My gross household income is less than R600 000. (This must include both parents if they are working). Gross income is income before deductions.		
- I will be studying:		
• Full Time		
• Part Time		
- I am living with a disability (if applicable)		
- 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 will suffice.		

2. **Personal Details (Applicant)**

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) _____

Age as at 30 November 2024 _____

The town you were born in: _____ Home Language: _____

Gender:	Female	Male				
Race:	African	Asian	Indian	Coloured	White	Other

Address:

Physical Address		**Postal Address**	
Postal code		**Postal code**	
Province		**Province**	

Contact details

Applicant cell number				
WhatsApp number		**Alternate cell number**		
Home Telephone Number				
Email address				
Marital status	Single		Married	

Other:

Do you have any form of chronic illness or physical handicap?		Yes		No	
If yes, provide details					
Have you been convicted of any crime?		Yes		No	
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 <u>one or two</u> above

<u>Parent / Guardian 1</u>

Title (MR, MRS, MS, DR,)		Identity number		
Initials		Nature of relationship		
First names as per ID Document				
Surname				
Occupation (tick which one applies)	Employed	Unemployed	Self-employed	Retired / Pensioner
If employed, nature of work				
Place of work				
Cell Number				
Work telephone number				
Alternative Contact Number				
What is your parent/guardian's highest qualification? Tick from table below:	**Options:**		**Tick using X**	
	- Grade 11 and lower			
	- Grade 12 (matric)			
	- Higher certificate			
	- Diploma			
	- Degree			
	- Post-Graduate			
	- Trade			
	- Other (Specify)			
Email address				

Parent / Guardian 2 (if applicable)

Title (MR, MRS, MS, DR,)		**Identity number**		
Initials		**Nature of relationship**		
First names as per ID Document				
Surname				
Occupation (tick which one applies)	Employed	Unemployed	Self-employed	Retired / Pensioner
If employed, nature of work				
Place of work				
Cell Number				
Work telephone number				
Alternative Contact Number				
What is your parent/guardian's highest qualification? Tick from table below:	**Options:**		**Tick using X**	
	- Grade 11 and lower			
	- Grade 12 (matric)			
	- Higher certificate			
	- Diploma			
	- Degree			
	- Post-Graduate			
	- Trade			
	- Other (Specify)			
Email address				

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

Please fill in what is applicable

I have been accepted for or applied to:

Institution 1

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

Institution 2

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

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

Name of High/Secondary School			
School Address			
City		**State/Province/ Region**	
Postal Code		**Local Municipality**	
School telephone number			

Academics; Please attached your most recent academic results:

Please tick the results you have attached to the application –

- Graded 12 June results/report card	
- Grade 12 prelim results - term 3 results/report card	
- University first semester results	
- Final Results (NSC if matriculated before 2024 or final tertiary academic results)	

Note: All final results must be submitted by the 17th of January 2025. Late submissions will not be accepted.

Please list your subject / modules with results:

Subject / Module	**Percentage obtained**

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	

As an applicant I have benefitted from another SIOC-CDT programme, please tick yes or no:

Yes	
No	

If yes, please tick which one:

Programme name	Yes I participated in this programme:
SchiMathUS	
Access for Success	
Other SIOC-CDT Programmes	

Do you have a relationship with any person (s) working for SIOC-CDT or DUX?

Yes _____ No _____

If yes: Name of person:

_____

If yes: Nature of relationship:

_____

7. **Attach the following supporting documents? *compulsory**
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 copy of your latest academic results (Grade 12 June results OR Grade 12 Prelims results, University 1st semester results OR Final results)	
*A **certified** copy of your final NSC result if completed before 2024 (Not older than 3 months)	
* Proof of acceptance or provisional acceptance or proof of application at a recognised higher public education institution	
* Recent proof of residence (not older than 3 months) - **Example of proof of residence**: A copy of a utility bill in your own or parents/guardian's name reflecting your physical address e.g. rates and taxes or water and electricity account, bank statement reflecting your address, letter from landlord or affidavit from your local counsellor.	
* Proof of income of Parent or Guardian (most recent payslip) as listed in the application above; or certified declaration of unemployment (not older than 3 months); or affidavit confirming you do not have parents/guardians; or SASSA Grant recipient certificate.	
* Three months bank statement of parent/guardian (most recent).	
* If Applicable - Proof of income of Parent or Guardian 2 (most recent payslip) as listed in the application above; or certified declaration of unemployment (not older than 3 months); or affidavit confirming you do not have parents/guardians; or SASSA Grant recipient certificate.	
* If applicable, three months bank statement of parent/guardian 2 (most recent).	
* If applicable - medical Certificate confirming type of disability (if applicable)	

8. **Declaration**

Please read the declaration statements in the below table and tick using x for confirmation of your declaration, understanding and consent. Following the declaration, please ensure to sign the application form below.

Declaration Statement	**Tick (x)**
I confirm that the information completed in the form is accurate	
I declare that the information supplied in this application form is, to the best of my knowledge, true and correct. I understand that any false information will automatically disqualify me from obtaining any funding and could further lead to me being charged in a court of law for fraudulently receiving funding.	
I consent to the collection, collation, processing, storing and the use and disclosure of such information provided in this application between the selection provider, Dux Powered by People Dynamics, and the funder.	
I have read and accepted the Terms and Conditions. These are accessible on the following URL Link: https://duxpd.co.za/website-disclaimer/	

Signature: _____ Place: _____

Date: _____