

STUDENT BURSARY APPLICATION - 2019

This application form should be e-mailed to: cretbursary@cyrilramaphosa.org

Closing date: 30 NOVEMBER 2018

The Cyril Ramaphosa Education Trust supports determined young South African individuals from challenging backgrounds to gain access to local learning institutions that offer recognised qualifications that will enhance employment prospects.

Please ensure that you have read the document "CRET Bursary Criteria" before completing the below information.

Failure to comply with the required criteria, or in submitting all the relevant documents, will result in your application being discarded without further notification.

SECTION 1: PERSONAL INFORMATION

TITLE (<i>Mr/Mrs/Ms/Other</i>):		INITIALS:	
SURNAME:			
FULL NAME(S):			
PREFERRED NAME:			
DATE OF BIRTH(<i>dd/mm/yyyy</i>):		GENDER:	
/ /		M <input type="checkbox"/> F <input type="checkbox"/>	
SA CITIZEN?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	ID NUMBER
POPULATION GROUP:	Black <input type="checkbox"/>	Coloured <input type="checkbox"/>	Asian <input type="checkbox"/> Indian <input type="checkbox"/> White <input type="checkbox"/>
DISABILITIES:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If "Yes" please specify:
PHYSICAL ADDRESS:			
			Code:
PROVINCE:	Do you live in a rural area?		Yes <input type="checkbox"/> No <input type="checkbox"/>
POSTAL ADDRESS:			
			Code:
TELEPHONE:	Code	Landline	Mobile
E-mail			

SECTION 2: STUDY DETAILS

What are you doing currently?	High school <input type="checkbox"/>	Tertiary studies <input type="checkbox"/>	Working <input type="checkbox"/>	Nothing <input type="checkbox"/>
Have you matriculated?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Name of school				
GRADE 12 RESULTS				
	Subjects	JUNE %	FINAL %	
1				
2				
3				
4				
5				
6				
7				
8				
Where do you intend studying?				
Have you applied at the relevant institution/s?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	

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SECTION 5: TESTIMONIAL BY EDUCATION OR COMMUNITY OFFICIAL

I, the undersigned, testify as follows concerning the bursary applicant:					
Describe the applicant's home circumstance (if you know them):					
Academic potential of applicant:					
Personality and leadership qualities of applicant:					
Describe the applicant's involvement and participation in community or social organisations:					
This Testimonial is given by me, the undersigned, in my capacity as					
Contact Details	Code		Landline		Mobile
Name and surname				Official Stamp	
Signature:			Date:		

SECTION 6: DECLARATION

I hereby declare that all the information given in this form and the included documents is true and accurate	
Applicant's signature: _____	DATE ____/____/____
Signature of parent / guardian: _____	DATE ____/____/____

