

BURSARY APPLICATION FORM 2021

Please attach with the Application Form

Student Information

| | | | |
|-------------------------|----------------------|--|---|
| Surname | <input type="text"/> | Full Names | <input type="text"/> |
| Name | <input type="text"/> | Gender <input type="checkbox"/> M / <input type="checkbox"/> F | Date of Birth <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| Home Language | <input type="text"/> | ID Nr | <input type="text"/> |
| Citizenship | <input type="text"/> | | |
| Email Address | <input type="text"/> | | |
| Cell Phone | <input type="text"/> | Home Tel | <input type="text"/> |
| Home Address | <input type="text"/> | | |
| School of Matriculation | <input type="text"/> | Year | <input type="text"/> |

Compulsory addition:

1. Attach hereto the student's Highest Academic Qualification and Final Results.
2. Attach hereto the student's certified copy of ID document.

Orphans

1. Attach hereto a well motivated letter from the Guardian(s) to explain their background.
2. Attach hereto a letter of recommendation from the orphanage.
3. Attach hereto a letter of recommendation from school or church.

Student's commitment

1. Attach hereto a written commitment to abide by the Target Life rules.
2. Attach hereto a min of 200 words commitment for the year to support the application form.
3. Attach hereto a written commitment to get a part time job during the Target Life year.

In case of a student being expelled or leaving the course

Student with parents:

The primary caregiver will be held responsible to refund the bursary within one year and sign the surety form at the end of this document.

Orphans:

Sign a contract to repay the bursary within two years by getting a job.

Fathers' Information

1. If the father is not supporting financially - hand in a certified declaration or Police Affidavit with all the relevant reasons.
2. If unemployed, hand in a certified declaration or Police Affidavit.
3. If the student has a stepfather we will also need all relevant information as with the father

Fathers' Name & Surname

Citizenship ID Nr

Email Address

Cell phone Home Work

Home Address

Occupation

Compulsory addition:

1. Attach hereto a certified copy of ID document
2. Attach hereto latest 3 months bank statements and salary payslips, the last years IRP-5 and the latest tax return in case of a business
3. Mention all other income: pension, dividends, rent received and child maintenance. Attach bank statements as proof.

Mothers' Information

1. If the Mother is not supporting financially - hand in a certified declaration or Police Affidavit with all the relevant reasons.
2. If unemployed, hand in a certified declaration or Police Affidavit.
3. If the student has a stepmother we will also need all relevant information as with the mother

Mothers' Name & Surname

Citizenship ID Nr

Email Address

Cell phone Home Work

Home Address

Occupation

Compulsory addition:

1. Attach hereto a certified copy of ID document
2. Attach hereto latest 3 months bank statements and salary payslips, the last years IRP-5 and the latest tax return in case of a business
3. Mention all other income: pension, dividends, rent received and child maintenance. Attach bank statements as proof.

Important!

Include any other relevant information that will support our understanding of why a bursary is needed. If **any documentation**, as requested is not attached, the application will not be processed. Bursary applications will also be handled on a 'first completed, first processed' basis. Therefore the sooner you apply the better the chances are of receiving a bursary.

Curriculum Vitae of the student

Most Prominent Extracurricular Activities

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Leadership Positions

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Part-time or Full-time Work Experience

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FOR SURETY / PAYER

SIGNED at _____ on this _____ day of _____ 20____

Signature: Surety / Payer

Full Name and Surname

ID Nr.

Relationship

FOR THE INSTITUTION

SIGNED at **PRETORIA** on this _____ day of **JANUARY 2021**

For **The Institution *Target Life*** who hereby warrants that he/she is duly authorized to sign this agreement on its behalf.

Full Name and Surname **ABEL A. LOEDOLFF**

ID Nr.: **640111 7504 608 9**

Position: **HEAD**