



BURSARY APPLICATION FORM: FUNDING ASSISTANCE FOR THE 2020 ACADEMIC YEAR

Please use a black pen and complete this form in block capital letters.

Mark with **X** to indicate your status.

Current / intended qualification	
Currently accepted into or studying at a South African Institute of Higher Learning	
Other* (Describe)	

IMPORTANT TO NOTE:

- Funding is applicable for one academic year only.
- Bursaries are given at the sole discretion of MultiChoice Group. Any decision to award a bursary will be final and MultiChoice Group will not enter into further communication with applicants who were not successful.
- The bursary is applicable from 2nd and 3rd year undergraduate and postgraduate studies at a South African institute of Higher Learning.
- Applicants will be considered according to academic performance and financial need as determined by MultiChoice Group external bursary policy.
- Application forms that are not signed, incomplete or incorrect will not be considered.

ELIGIBILITY CRITERIA:

To be considered as an applicant for the MultiChoice Group external bursary, you must meet the following criteria:

- Be a South African citizen;
- Must be registered with an institution of higher learning for one of the critical and scarce skills as determined by the MultiChoice Group.
- Bursars must have a minimum average pass mark of 65% in order to qualify for a bursary.
- Priority will be given but not limited to previously disadvantaged bursars who are planning to study full-time towards an undergraduate and postgraduate degree or diploma in an area that falls within the scarce and critical skills requirements of MultiChoice Group.

SECTION 1 - PERSONAL DETAILS OF APPLICANT (Please complete this form in block capital letters)

Full name(s) _____

Surnames _____

SA ID number (note only applications from SA citizens will be considered) _____

Date of birth _____

Gender Male Female

Race African Indian Coloured White

Address whilst studying

Home address _____

Postal address _____

Email address _____

Home telephone number _____ Cell number _____

Disability? Yes No

If 'Yes', describe the nature of the disability: _____

Have you ever been found guilty of a criminal offence? Yes No

If 'Yes', please specify the date and nature of the offence: _____

SECTION 2 - PARENT / GUARDIAN INFORMATION

PARENT / GUARDIAN 1

Name _____

Surname _____

ID number _____

Cell number _____

Work number _____

Home number _____

Email address _____

Home address _____

Job title _____

Employer _____

Relationship to applicant _____

PARENT / GUARDIAN 2

Name _____

Surname _____

ID number _____

Cell number _____

Work number _____

Home number _____

Email address _____

Home address _____

Job title _____

Employer _____

Relationship to applicant _____

SECTION 3 - TERTIARY INSTITUTION INFORMATION

Name of University (current/intended) _____

Qualification (current/intended) _____

Year of study – 2nd / 3rd _____

Major subjects for degree _____

SECTION 4 – DETAILS ABOUT PARENT(S) / GUARDIAN(S) INCOME & HOUSEHOLD EXPENSES

(Please attach payslip/s)

Total Household Expenses Details

Medical aid	R	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other monthly medical expenses	R	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Food and Groceries	R	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Transport/Fuel	R	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
School/University/Education fees	R	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Telephone/Cell phone/Internet	R	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Subscriptions (eg DSTV, TV Licence)	R	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Life cover/Funeral plans/Provident fund	R	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Investment policies/Products	R	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Water, electricity, rates and taxes and levies	R	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Entertainment	R	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bond/Rent	R	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Domestic helper	R	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Child support/Maintenance	R	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gym/Club membership	R	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other expenses	R	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total Monthly Expenses	R	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Other dependants supported by parent/s or guardian: (Please provide proof, for example: birth certificate)

Full name	Relationship	Age	Income type	Income p/m

SECTION 5 – RELATIONSHIP WITH MULTICHOICE

Do you or any of your family members currently have a relationship (eg. client / employee) with MultiChoice Group? Yes No

Please specify: _____

SECTION 7 – DECLARATION

I hereby declare that :

1. The information provided is true and correct.
2. I provide consent to MultiChoice Group to verify all information provided.
3. I confirm that I have read and understood the Terms and Conditions set out in this form by signing.

Applicant signature:

Date:

Parent/guardian signature:

Date:

(if applicant under the age of 18)

Supporting document checklist

- | | |
|--|---------------------------------|
| 1. Completed Application Form | (√)
<input type="checkbox"/> |
| 2. Certified copy of applicant ID | <input type="checkbox"/> |
| 3. Certified copy of guardian ID | <input type="checkbox"/> |
| 4. Affidavit confirming guardianship (if not parent(s)) | <input type="checkbox"/> |
| 5. Proof of Monthly Household Income & Dependents | <input type="checkbox"/> |
| 6. Monthly Budget (income & expenses) | <input type="checkbox"/> |
| 7. Copy of all Academic Transcripts to date | <input type="checkbox"/> |
| 8. Preliminary Acceptance Letter/s from an accredited tertiary institution | <input type="checkbox"/> |
| 9. Pro-forma Invoice / Quote from Institution of studies | <input type="checkbox"/> |
| 10. Testimonial from your Faculty Dean/Lecturer (As applicable) | <input type="checkbox"/> |
| 11. CV | <input type="checkbox"/> |
| 12. Motivation | <input type="checkbox"/> |
| 13. You may include a separate letter of recommendation from your parent/guardian (Optional) | <input type="checkbox"/> |

Please return your completed application form to:

talentmanagement@multichoice.co.za before 31 January 2020