



Application for Financial Assistance 2016

NSFAS

Closing date: Seniors & First year Students: 31 October 2015

LS 246.2

- *No Incomplete applications will be accepted*
- *No late applications will be accepted*
- *Please read instructions inside carefully before completing the form*

SECTION A - Personal details of applicant

Student number

Title	<input type="text"/>	Initials	<input type="text"/>	Surname	<input type="text"/>
First Names	<input type="text"/>				
Race	African <input type="checkbox"/>	White <input type="checkbox"/>	Coloured <input type="checkbox"/>	Indian <input type="checkbox"/>	Other <input type="text"/>
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Date of birth	<input type="text" value="dd"/> - <input type="text" value="mm"/> - <input type="text" value="yyyy"/>	
Identity number	<input type="text"/>				
Postal address	<input type="text"/>	Home address	<input type="text"/>		
	<input type="text"/>		<input type="text"/>		
	<input type="text"/>		<input type="text"/>		
Postal code	<input type="text"/>	Postal code	<input type="text"/>		
Contact number	<input type="text" value="()"/>		Cellphone number	<input type="text"/>	
Province	<input type="text"/>		Language of preference	English <input type="checkbox"/>	Other <input type="checkbox"/>
Study address	<input type="text"/>				
Postal code	<input type="text"/>	Contact number while studying	<input type="text"/>		
First year student – provide name of School matriculated	<input type="text"/>		Contact number of School matriculated	<input type="text"/>	

FOR OFFICE USE ONLY

Copy of ID	<input type="checkbox"/>	Grade 12 results	<input type="checkbox"/>	Proof of income	<input type="checkbox"/>	Copy of decree of divorce	<input type="checkbox"/>	Copy of death certificate	<input type="checkbox"/>
Affidavits	<input type="checkbox"/>	Reference no	<input type="checkbox"/>	Date received	<input type="checkbox"/>	Received by	<input type="checkbox"/>		<input type="checkbox"/>
Date processed	<input type="text"/>		Processed by	<input type="text"/>		EFC	<input type="text"/>		

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SECTION B - Course details

Campus	<input type="text"/>	Full time	<input type="checkbox"/>	Part time	<input type="checkbox"/>
Course	<input type="text"/>	Semester	<input type="checkbox"/>		

Please reserve funds for the following (indicate with an "X" the funds you require)

Please note

The reservation of funds for accommodation and living allowance is subject to the availability of funds.

<input type="checkbox"/>	Hostel accommodation + meals (This is for students whose home address is outside Bloemfontein OR a written motivation from the Social Worker should be submitted for students whose home address is in Bloemfontein and who wish to stay in CUT residence)	<input type="checkbox"/>	Private Accommodation + meals (Students from Bloemfontein do not qualify for this allowance)	<input type="checkbox"/>	Transport Allowance + meals	<input type="checkbox"/>	Books
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SECTION C - Subject details (please supply the details of the subjects you are planning to take in 2016 for **BOTH SEMESTERS**)

Name of subject	Subject code	Name of subject	Subject code	Amount FOR OFFICE USE	
			TOTAL		

SECTION D - Financial details of applicant

Complete the following if you are working part time or full time

Employer's name	<input type="text"/>				
Employer's telephone number	<input type="text"/>				
Gross earnings	R <input type="text"/>	Weekly	<input type="checkbox"/>	Monthly	<input type="checkbox"/>
Will this income be maintained during the year for which you are applying?	Yes			<input type="checkbox"/>	No

If any bursaries/loans have been granted/promised to you for 2016, please supply details below.

Name	Amount	Bursary or loan

ADMINISTRATION

Are you currently under administration?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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SECTION E - Family details**LS 246.2****FATHER**

Identity number

Title Initials Surname

Marital status Single Married Divorced Widowed Separated

Occupation Unemployed Deceased

Employer's name

Gross earnings Weekly Fortnightly Monthly

Employer's tel. no. () Father's contact no. ()

Other income: Amount Weekly Fortnightly Monthly

MOTHER

Identity number

Title Initials Surname

Marital status Single Married Divorced Widowed Separated

Occupation Unemployed Deceased

Employer's name

Gross earnings Weekly Fortnightly Monthly

Employer's tel. no. () Mother's contact no. ()

Other income: Amount Weekly Fortnightly Monthly

DETAILS OF PERSON SUPPORTING YOU FINANCIALLY (IF NOT YOUR PARENTS)

Identity number

Title Initials Surname

How is this person related to you?

Occupation Employer's name

Gross earnings Weekly Fortnightly Monthly

Employer's tel. no. () Contact no. ()

Other income: Amount Weekly Fortnightly Monthly

SECTION F - Family composition (please list ALL those living with you)

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Initials	Surname	Relationship	Is this person: P-Preschooler, S-Scholar ST-Student, A-Adult	ID Number (A certified copy of the ID must be attached)	How much does he/she earn from this income? Proof of income to be provided

SECTION G - Declaration (the declaration by the applicant and parent/guardian (if under 18) must be signed in the presence of a commissioner of oaths.**Declaration by student/applicant**

I (initials and surname
of student) _____

state that the particulars given are correct. I have included details of my family's income to the best of my knowledge. I am aware of the purpose of this application form and the criteria for the different bursaries and loans. **I also declare that I am responsible for my own account until the announcement of the allocation of funds.** I understand that the information I have provided in this application might have to be verified for purposes of a fair allocation of bursary/loan funds. **I understand that should any relevant information have been omitted or be found to be incorrect, disciplinary action will be taken by the University, which will result in the cancellation of the funding applied for, as well as expulsion.** I understand that allocations will only be made if funds are available. I consent to the Financial Aid Department giving details of my academic record and financial profile to potential donors.

Have you ever been declared mentally unfit by any court? Yes

Yes

No

Date signed

Signature of applicant

Declaration completed by parent/guardian of applicant (if student is under 18)

I have verified the information given by the applicant in this application for financial assistance from the Central University of Technology, Free State. I declare that the details of my family's financial situation are provided to the Central University of Technology Free State with my consent and that they are, to the best of my knowledge, complete and correct.

Date signed

Signature of parent/guardian

COMMISSIONER OF OATHS

Name _____
Date _____

OFFICIAL STAMP