



THE FOLLOWING MUST ACCOMPANY YOUR **APPLICATION FORM**

LETTERS OF MOTIVATION

- By your parents
- By yourself (2 pages)
Tell us about yourself and motivate why you would like to become a SANRAL bursary holder
- Motivation and support letter from your school.

CERTIFIED COPIES OF:

- Your June results
- Your ID document or birth certificate (must be South African citizen)
- Your parents' ID documents.

PROOF OF RESIDENCE

- Your parents'/guardians' water and electricity bill from the local council.

ADDITIONAL REQUIREMENT

- Proof of income / sworn affidavit (if parents are self-employed in the informal sector or they work from home, you must submit an affidavit on the amount that they earn).

TERMS AND CONDITIONS APPLY

- Late applications will not be considered.
- Applicants must be South African citizens.
- The application form must be completed in full and the information must be accurate and most recent.
- SANRAL's bursary will be awarded based on academic performance and financial need as determined by SANRAL's Bursary Policy's set requirements.
- The application will be turned down if it does not comply with these stipulations listed.
- SANRAL may use other applicable conditions in making the final decision in granting the bursary.

**NB: INCOMPLETE APPLICATIONS
WILL NOT BE CONSIDERED**

EMAIL YOUR APPLICATIONS TO:

Ms R Erasmus

externalbursaries@nra.co.za

SANRAL



BUILDING SOUTH AFRICA
THROUGH BETTER ROADS



www.sanral.co.za

APPLICATION FORM
EXTERNAL BURSARY



- Use block letters to complete this form
- Give short answers
- Incomplete or late applications will not be considered

WHERE DID YOU FIND OUT ABOUT THE SANRAL BURSARY SCHEME?

Career Awareness University staff Friend Internet

Other: specify _____

A | PARTICULARS OF THE APPLICANT

Title: _____ Surname: _____

First Names: _____ Identity Number: _____

Gender: Female Male Please specify: _____

Race: African Indian Asian Coloured White

Disability: Yes No

Marital Status: _____ Home Language: _____

Home Address: _____ Study Address (during studies): _____

Cellphone No.: _____ Tel No. (H): _____

Tel No. (W): _____ Fax No.: _____

Email: _____

B | PARTICULARS OF DEGREE FOR WHICH YOU WISH TO RECEIVE THE BURSARY

Student Number (if available): _____

At which University/Institution are you/do you intend studying: _____

Accepted or Not: Yes No Degree, e.g. BSc Eng Civil: _____

Mark the academic year of study for which you are applying: First Second Third Fourth Honours Master's

C | OTHER BURSARIES OR SPONSORS

Do you presently study with a bursary: Yes No

If yes: name of the bursary: _____

If yes, annual value of the bursary: _____

Do you have or have you received a study loan/scholarship: Yes No

If yes, name of the loan/scholarship: _____

For what purpose/how much? _____

When did you get the loan/scholarship? _____

If you are not currently enrolled at an educational institution, please indicate what you are doing at present

D | DETAILS ABOUT PARENTS / GUARDIAN / NEXT OF KIN

PARENT 1 / GUARDIAN 1

Title: _____	Surname: _____
Initials/Name: _____	Identity Number: _____
Relationship: Mother Father Other: specify _____	
Occupation: _____	Marital status: _____
Mark monthly income group (R): <R5 000 R5 000-R20 000 >R20 000 ATTACH PROOF OF INCOME OR AN AFFIDAVIT	
Postal address:	Residential address:
<div style="border: 1px solid black; height: 40px; width: 100%;"></div>	
Cellphone No.: _____	Tel No. (H): _____
Tel No. (W): _____	Fax No.: _____
Email: _____	

PARENT 2 / GUARDIAN 2 (if applicable)

Title: _____	Surname: _____
Initials/Name: _____	Identity Number: _____
Relationship: Mother Father Other: specify _____	
Occupation: _____	Marital status: _____
Mark monthly income group (R): <R5 000 R5 000-R20 000 >R20 000 ATTACH PROOF OF INCOME OR AN AFFIDAVIT	
Postal address:	Residential address:
<div style="border: 1px solid black; height: 40px; width: 100%;"></div>	
Cellphone No.: _____	Tel No. (H): _____
Tel No. (W): _____	Fax No.: _____
Email: _____	

How many other dependants are still at home? _____

Number of dependants at tertiary institution: _____ Number of dependants still at school: _____

Number of other dependants supported, e.g. grandparents, etc. _____

E | DECLARATION BY PARENT/S AND / OR GUARDIAN OR NEXT OF KIN

I certify that the information supplied in this application is correct and that, if my child/ward is awarded a bursary, I will abide by the regulation applicable to the SANRAL Bursary Scheme.

Signature by Parent/Guardian

Date

F | DECLARATION BY APPLICANT

I certify that the information supplied in this application is correct and that, if I am awarded a bursary, I will abide by the regulation applicable to the SANRAL Bursary Scheme.

Signature of applicant

Date

If still a minor, signature of parent/guardian

Date

G | DOCUMENTATION**OFFICE USE ONLY: HUMAN RESOURCES MANAGEMENT (TO BE COMPLETED BY DELEGATED PERSON)**

1. Study course aligned to the core objectives of SANRAL: Yes No
2. Verification of total annual income of parent/s and/or legal guardian/s: Yes No
3. Verification of identity document: Yes No
4. Verification of certificates of qualifications obtained and academic records: Yes No

H | RECOMMENDATION**OFFICE USE: TO BE COMPLETED BY THE CHAIRPERSON OF THE SANRAL EXTERNAL BURSARY SCHEME**

1. The Bursary Application is recommended not recommended (with due consideration to the criteria established for successful external bursary application for 20).
2. The budgetary implication applied for, amounting to R _____ is noted and R _____ recommended not recommended for year 20 .

Comments:

Signature

Date

I | APPROVAL**OFFICE USE: TO BE COMPLETED BY THE DELEGATED AUTHORITY**

Bursary application is Approved Not approved.

Comments:

Delegated Authority Signature

Date

NOTES