



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



www.sanral.co.za

SANRAL



BUILDING SOUTH AFRICA
THROUGH BETTER ROADS

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: _____

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: _____

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