



social development

Department:
Social Development
REPUBLIC OF SOUTH AFRICA

APPLICATION FORM (2016)

SOCIAL WORK SCHOLARSHIP

PLEASE PRINT CLEARLY IN BLOCK LETTERS

➤ **Submit a certified copy of your ID**

SURNAME:		ID NO:	
FIRST NAMES:		NATIONALITY:	
GENDER:		RACE:	
HOME ADDRESS: (RESIDENTIAL)		POSTAL ADDRESS:	
ARE YOU FROM: (indicate with an X)	URBAN	RURAL	INFORMAL SETTLEMENT
ARE YOU FROM A RESIDENTIAL CARE FACILITY/PLACE OF SAFETY (INDICATE)			
HOME TEL NO:		CELL NO:	
EMAIL ADDRESS			
DO YOU HAVE ANY PHYSICAL DISABILITY:		YES	NO
IF YES PLEASE SPECIFY THE NATURE OF THE DISABILITY			
WHICH SCHOOL HAVE YOU ATTENDED IN GRADE 11 AND 12			
NAME OF SCHOOL	GRADE COMPLETED	PERIOD	
		YY	MM
			DD
ARE YOU ALREADY REGISTERED AT AN INSTITUTION OF HIGHER LEARNING?		YES	NO
IF YES, NAME OF INSTITUTION ATTACH COPY OF LAST YEAR'S RESULTS			
CURRENT YEAR OF STUDY(X)	1ST	2ND	3RD
			4 TH
COST FOR STUDY PER ANNUM			

ALL APPLICATION FORMS MUST BE SUBMITTED TO THE PROVINCIAL DEPARTMENTS AS STATED IN THE STUDENT GUIDE.

DID YOU APPLY FOR UNIVERSITY ADMISSION (PLEASE ATTACH PROOF OF PAYMENT FOR ADMISSION)		
HAVE YOU APPLIED FOR OFFICIAL RESIDENCE PROVIDED BY THE UNIVERSITY		
YES	NO	
COSTS FOR RESIDENCE:		
PARENT/LEGAL GUARDIANS/CAREGIVER INFORMATION:		
SURNAME:		
RELATIONSHIP EG PARENT/GUARDIAN		
FIRST NAMES:		
EMPLOYER:		
OCCUPATION:		
ID NUMBER:		
TELEPHONE NO:		
FAX NO:		
E-MAIL ADDRESS:		
CELLPHONE NO:		
* PLEASE SUBMIT CERTIFIED COPIES OF ID AND PROOF OF INCOME OF PARENTS/LEGAL GUARDIANS		

I -----, ID:confirms that this information is correct.

Signature:.....

Date: -----

APPLICATION FORMS WILL BE ACCEPTED AS FROM 1 SEPTEMBER 2015 AND THE CLOSING DATE FOR 2016 APPLICATION FORMS IS 31 OCTOBER 2015.

ALL APPLICATIONS MUST BE SUBMITTED TO THE PROVINCIAL DEPARTMENTS AS STATED IN THE STUDENT GUIDE. NO APPLICATION FORM WILL BE ACCEPTED BY THE NATIONAL OFFICE.