



**merSETA**

MANUFACTURING, ENGINEERING  
AND RELATED SERVICES SETA

**BURSARY APPLICATION FOR STUDY AT POST-SCHOOL  
EDUCATION AND TRAINING INSTITUTION**

1. PERSONAL PARTICULARS						
Surname						
First Names						
Course of Study						
Name of Institution where Studies will be taken						
Full Title of the Qualification or Part-Qualification						
SAQA Registration ID Number						
Residential address						
Province						
City						
Municipality						
Geographic Location	<b>Please tick (√) or cross (×) relevant option</b>					
	Urban	<input type="checkbox"/>	Rural	<input type="checkbox"/>		
Do you have any disabilities?						
If yes, please specify the type of disability						
Cell Number						
Email Address						
Specify Language	<b>Please tick (√) or cross (×) relevant option</b>					
	Speak	<input type="checkbox"/>	Read	<input type="checkbox"/>	Write	<input type="checkbox"/>
	Speak	<input type="checkbox"/>	Read	<input type="checkbox"/>	Write	<input type="checkbox"/>
	Speak	<input type="checkbox"/>	Read	<input type="checkbox"/>	Write	<input type="checkbox"/>
	Speak	<input type="checkbox"/>	Read	<input type="checkbox"/>	Write	<input type="checkbox"/>
Identification Number						

Document Title	<b>Bursary Application Form to Study at Post-School Education and Training Institution</b>		
Document Number	<b>BUR-FM-004</b>	Revision Date	<b>07 June 2023</b>
Page Number	<b>Page 1 of 3</b>	*Next Revision Date:	<b>01 April 2025</b>
Revision Number	<b>Rev 07</b>	Access:	<b>Controlled</b>
Reviewed: Acting Senior Manager: Quality Assurance & Partnerships		Approved: Acting Chief Executive Officer	

Please tick (√) or cross (×) relevant option										
Title	Mr.		Mrs.		Ms.		Dr		Prof	
Gender	Female				Male					
Race	African		Colored		Indian		White			
Please tick (√) or cross (×) relevant option										
Year of Study	First Year of Study				Continuation of Studies					
Full Name and Surname of Parent if the applicant is a minor under the age of 21 years.										

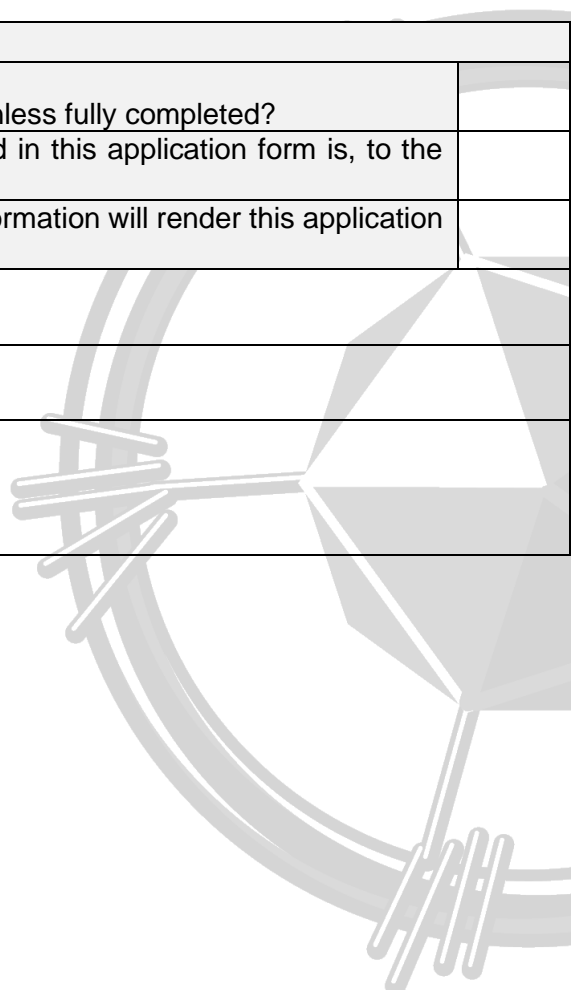
2. EDUCATION: PARTICULARS OF SECONDARY SCHOOL(S) ATTENDED BY APPLICANT			
2.1	NAME OF SCHOOL	YEARS OF ATTENDANCE	
		FROM	TO
2.2	<b>SCHOOL RECORD</b>		
Certificate obtained at Grade 12 or equivalent level			
Name of Certificate			
Month and year obtained			
If still at school, attach a copy of the latest school report.			
Subjects written in Grade 12 or equivalent examination. Please attach transcripts			
<b>NB!! PLEASE ATTACH COPIES OF ALL RESULTS</b>			

4. LOANS, GRANTS, BURSARIES	
Are you in receipt of a grant, loan, bursary, or any other financial assistance for study purposes?	
If yes, please specify the type of funding.	
NAME OF AWARD	AMOUNT (R)
Have you applied for any other loan, grant, or bursary?	
If yes, please specify the type of loan, grant, or bursary applied?	

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<b>5.</b>	<b>ATTACHMENTS TO THIS APPLICATION</b>	
	Is a copy of the applicant's Identification Card or Green Bar-Coded Identification Document (preferably color, both sides; face, letters, and number need to be clear) attached?	
	Is a copy of the latest examination or test results obtained from the university/college/school/ other educational institution attached?	
	Is the proof of registration that shows the date and name of the institution attached?	
	Is a copy of the latest school report/equivalent and transcripts attached?	
	Is there any additional information, proof of award, etc. attached?	
	Are you aware that no faxed documents will be accepted for this application?	

<b>6.</b>	<b>DECLARATION</b>	
	Are you aware that this application will not be considered unless fully completed?	
	Do you declare that the information that you have provided in this application form is, to the best of your knowledge and believe, correct, and complete?	
	Do you understand that any false or willfully suppressed information will render this application null and void?	
	Signature of Applicant	
	Date	
	Signature of Parent or Guardian if the applicant is a minor under the age of 21 years.	



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