



**Tshwane University
of Technology**
We empower people

Appointment Date:		STUDENT NUMBER	<input type="text"/>
Appointment Time:		ID NUMBER	<input type="text"/>
Advisor Name:		CAMPUS	<input type="text"/>
		YEAR	<input type="text"/>
		Closing dates:	15 October (returning students)
			31 January (new students)

**DEPARTMENT OF LABOUR (DISABILITY) BURSARY
APPLICATION / RE-APPLICATION**

SECTION A STUDENT PARTICULARS

Title (Mr/Ms): Initials: Surname:

First names: Maiden name:

Date of birth: Gender Male Female Age Married Single Divorced Widow(er)

Are you a citizen of SA? Y N (If not, state your nationality)

Are you disabled? Y N (If yes, state the type of disability)

Do you receive a state grant? Y N Do you have an assistive device (See note on reverse) Y N

Do you require books? Y N (See note on reverse) Course of study

Do you have a medical aid? Y N (If yes, provide detail)

Home address (postal): Code:

Residential address (physical address): Code:

Province: Rural: Y N

Address while studying: With parents: Private residence: Out of town: Institutional residence: (see note on reverse)

Telephone during year of study: () Fax: ()

Cellphone: E-mail:

SECTION B PARTICULARS OF NEXT OF KIN (MOTHER, FATHER, SISTER, BROTHER)

Title (Mr/Ms): Initials: First names:

Surname: Relation to applicant:

Date of birth: ID number:

Cellphone: E-mail:

Home address (postal): Code:

FAMILY INCOME (MUST BE COMPLETED FOR ALL FAMILY MEMBERS EARNING AN INCOME, E.G. SALARY, WAGE PENSION SLIP, AFFIDAVIT, ETC. (Please attach proof of income, e.g. salary slip, pension slip, affidavits, UIF slip, etc.))

1. RELATIONSHIP: Tertiary: Y N ID number:

Title (Mr/Ms) Initials: Surname:

Telephone: () Fax: ()

E-mail: Cellphone:

Occupation: Number of occupation years:

Name of employer: Type of Income: Salary Pension Affidavit UIF Other

If other, please specify:

GROSS INCOME PER MONTH: R X12=Annual GROSS INCOME: R

ACKNOWLEDGEMENT OF RECEIPT

THE FOLLOWING DOCUMENTATION HAS TO ACCOMPANY YOUR APPLICATION (Your Checklist)

1. Death certificate if parent(s) is/are deceased	<input type="checkbox"/>
2. Certified copy of your ID document (South African citizens only)	<input type="checkbox"/>
3. Proof of income of both parent(s) or guardian (salary slip, pension slip, etc.)	<input type="checkbox"/>
4. Affidavit of unemployed parent(s) or UIF slip	<input type="checkbox"/>
5. Certified copy of latest results (only for G12 students)	<input type="checkbox"/>
6. Proof of disability grant	<input type="checkbox"/>
7. Proof from medical professional	<input type="checkbox"/>
8. Recommendation letter from TUT Disability Unit (Counseling Division)	<input type="checkbox"/>
9. Certified copies of all dependant family members' identity documents or birth certificates must be submitted (Section C)	<input type="checkbox"/>

TICK YES OR N/A

1. RELATIONSHIP: Tertiary: ID number:

Title (Mr/Ms) Initials: Surname:

Telephone: () Fax: ()

E-mail: Cellphone:

Occupation: Number of occupation years:

Name of employer: Type of Income:

If other, please specify:

GROSS INCOME PER MONTH: R X12=Annual GROSS INCOME: R

SECTION C ALL DEPENDANT'S DETAILS NOT EARNING ANY INCOME

PROOF OF REGISTRATION TO BE SUBMITTED IF MORE THAN ONE MEMBER IS STUDYING AT THE TERTIARY LEVEL

NO	TITLE	INITIALS	SURNAME	AGE	RELATIONSHIP	STUDENT (Tertiary Level) Yes/No
1						
2						
3						
4						
5						

SECTION D BURSARY CONDITIONS

- The bursary is only awarded to South African citizens therefore certified copy of the applicants ID document must be attached.
- The bursary is allocated to students doing a first formal higher education qualification.
- The student must be regarded as financially needy as determined by a National Means test.
- The bursary is not automatically renewable and is subject to academic progress by the student which is determined by the duration of the course plus 1 year (N+1).
- The bursary covers the following costs:
 - Full tuition fees.
 - Full residence costs (TUT residences). Students residing privately must present a lease agreement to access funds.
 - Meal allowances for students staying in TUT residences.
 - Monthly allowance equal to State Grant for those students not receiving such grant (please provide proof).
 - Book allowances up to a maximum as determined by NSFAS (payable on receipt of a quote from recognised bookshops).
 - Assistive device is payable on motivation from Disability Unit and on receipt of invoice from supplier. Students already in possession of such a device will not qualify.
- NSFAS may on their own discretion reduce the bursary amount after the agreement has been signed.
- All applicants must report to the Disability Unit for verification and collection of supporting documents.
- No late or incomplete applications will be considered.

DECLARATION OF STUDENT

I, the undersigned, hereby declare the above information to be correct, and I am fully cognisant of the fact that, in the event of false information being given, this application shall be cancelled. I, furthermore, declare that I am prepared to submit, if required, additional proof for the information furnished above.

THUS SIGNED at (place) _____ on the _____ day of _____ (month) 20 ____

SIGNATURE OF STUDENT (APPLICANT) _____
SIGNATURE OF PARENT/GUARDIAN

FOR OFFICE USE ONLY

Status Code Complete YES NO

Advisor (Name) Signature Date

Comments

ACKNOWLEDGEMENT OF RECEIPT

<input type="text"/>	<input type="text"/>	STAMP
Student No.	Student (Initials/Surname)	
<input type="text"/>	Signature of student	
<input type="text"/>	Signature of (Staff member)	
Name (Staff member)	<input type="text"/>	Date <input type="text"/>

(If you have not received feedback by December/January, please contact your local Financial Aid Office)