



# ANNEXURE A TERTIARY EDUCATION ASSISTANCE APPLICATION FORM

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phambili

**[PLEASE COMPLETE ALL FIELDS IN CLEAR PRINT]**

Full names and surname of applicant: .....

Address: .....

Name of Parent/Guardian: .....

Contact No.....E-mail address.....

Employee/Sap No: .....Job Title: .....

Stationed at: .....

Number of dependent children in the family: ..... Ages: .....

Details of other dependants: .....

Field of Study: .....

Name Institution: .....  
(College/University & University of Technology)

Current Qualification: .....  
(Scholastic or Academic – most recent certificate of symbols must be attached)

Obtained at: .....

Are you already in receipt of a bursary **or** have you applied for any other form of bursary **if yes**  
from whom: .....

Please attach any other additional supporting documentation .....

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Applicants Signature

\_\_\_\_\_  
Date

**PLEASE SUBMIT THE COMPLETED FORM TO:**  
Membership Department - E-mail: [members@untu.co.za](mailto:members@untu.co.za)