

TERTIARY EDUCATION ASSISTANCE APPLICATION FORM

[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 family: Ages:

Details of any 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 COMPLETED FORM TO:

The General Secretary, P.O. Box 31100, Braamfontein 2017; Fax: 011 728 8258
Internal Fax: 011 773 7920; E-mail: members@untu.co.za