

# BURSARY APPLICATION FORM



PLEASE COMPLETE THIS FORM (WRITE CLEARLY)

PERSONAL DETAILS													
Title (Mr, Mrs, Miss):										Male		Female	
Full Names:													
Surname:													
South African ID No.													
Population Group		African		Coloured		Indian		White					
Home Address:													
Province:													
										Code:			
Municipality:													
Email:													
Telephone No:								Cell No:					
Have you been convicted of a crime? If Yes, pls specify:													
Parents Profession:													
		Mother				Father							
Is your parent a Hulamin employee, if Yes give their Employee, no?													
Are you receiving or have you received another bursary/student loan? If Yes State the name of the institution that granted the bursary/student loan and the obligation.													

# SCHOOL QUALIFICATIONS

## RADE11 RESULTS IN THE CASE OF MATRICULANTS

SUBJECT	%

## GRADE12 RESULTS FINAL OR LATEST TERM RESULTS

SUBJECT	%

## TERTIARY RESULTS FINAL OR LATEST TERM RESULTS

SUBJECT	%

# STUDIES AT UNIVERSITY

Proposed / Current course of study:

University you wish to/currently attending:

Present year of study:

Major subjects for degree:

Describe in your own words why you have chosen this study and career.


### PLEASE ATTACH COPIES OF THE FOLLOWING:

1. Certified copy of your ID
2. Matric Certificate/ Recent Academic Records
3. Acceptance Letter/Proof of Registration
4. Brief CV (of not more than 2 pages)

### INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED

**NOT ALL APPLICANTS WILL BE INTERVIEWED**, correspondence will only be conducted to candidate's who have been short-listed for interviews

## ACHIEVEMENTS / ACTIVITIES

1. Give details of any activity (academic or otherwise) in which you have done well either at school/ University and have maybe achieved awards.


2. Have you had a part-time job? If Yes, please describe what you did and where you worked.


## DECLARATIONS

I declare that the above particulars are true and correct and understand that any false or incomplete information may constitute grounds to cancel immediately.

\_\_\_\_\_  
**Signature of applicant**

\_\_\_\_\_  
**Date:**

\_\_\_\_\_  
**Signature of parent or guardian if applicant is minor**

\_\_\_\_\_  
**Date:**

- NB:** 1. Responsibility for return of original documents or loss cannot be accepted (Pls provide copies)  
2. Your appointment at Hulamin would be subject to a psychometric assessment and medical report.

### HOW DID YOU HEAR ABOUT HULAMIN BURSARY PROGRAMME?

Hulamin Website		School / University Career office		Other (Specify below)	
Specify:					

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