

PROVINCE OF BIRTH AND NAME OF HOSPITAL:		
MARITAL STATUS	Single <input type="checkbox"/>	Married <input type="checkbox"/>
DO YOU SUFFER FROM ANY CHRONIC ILLNESS OR PHYSICAL HANDICAP?		YES <input type="checkbox"/> NO <input type="checkbox"/>
If yes please give details		
HAVE YOU BEEN CONVICTED OF ANY CRIME?		YES <input type="checkbox"/> NO <input type="checkbox"/>
If yes please give details		

B. PARENT / GUARDIAN DETAILS

TITLE (MR, MRS, MS, DR, etc.)		IDENTITY NUMBER	
INITIALS		NATURE OF RELATIONSHIP	
SURNAME			
FIRST NAMES IN FULL			
OCCUPATION			
PLACE OF WORK			

HOME TELEPHONE NUMBER	AREA CODE		NUMBER	
WORK TELEPHONE NUMBER	AREA CODE		NUMBER	
FAX NUMBER	AREA CODE		NUMBER	
CELL NUMBER			E-MAIL ADDRESS	

C. FUNDING INFORMATION

Please indicate how you are / have funded your studies to-date:

NSFAS (TEFSA)	MERIT AWARDS	BANK LOANS	COMPANY BURSARY	FAMILY	UNIV/TECH BURSARY	OTHER
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My total loan debt to-date is:

NFSAS	
UNIVERSITY	
COMPANY BURSARY	
BANK	
TOTAL	

NOTICE

Your application for funding will be disqualified if the following certified documentation is not attached (stapled) to this application:

- Copy of your ID,
- Grade 12 results and tertiary academic record,
- 2015 Proof of registration, and
- Motivational letter.

I declare that the information supplied in this application is to the best of my knowledge true and correct. I understand that any false information will automatically disqualify me from obtaining any funding and could further lead to me being charged in a Court of Law for fraudulently receiving funding.

SIGNATURE _____ **PLACE** _____ **DATE** _____

RETURN FORM TO:
E-mail: bursary@mqa.org.za
(011) 547 2600
Post: Private Bag x118, Marshalltown, 2107