



Please staple a  
passport size  
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Head & Shoulders

# PFECT

(Pioneer Foods Education & Community Trust)

## BURSARY APPLICATION FOR 2018

### A. PERSONAL DETAILS

TITLE (MR, MRS, MS, DR, etc.)		IDENTITY NUMBER					
INITIALS		RACE		MALE		FEMALE	
SURNAME							
FIRST NAMES IN FULL							
NAME OF LAST SCHOOL							
YEAR MATRICULATED							
NAME OF COURSE 2018 (e.g: Chemical Eng)							
YEAR OF STUDY 2018 (e.g 1 <sup>st</sup> year, S1)							
NAME OF INSTITUTION 2018 (e.g Wits)							

DATE OF BIRTH (d:m:y)		AGE AT DEC 2017	
POSTAL ADDRESS		PHYSICAL ADDRESS	
POSTAL CODE		POSTAL CODE	
PROVINCE		PROVINCE	

HOME TELEPHONE NUMBER	AREA CODE		NUMBER	
FAX NUMBER	AREA CODE		NUMBER	
APPLICANT CELL NUMBER			ALTERNATIVE CELL NUMBER	
E-MAIL ADDRESS				
EMERGENCY CONTACT	NAME		NUMBER	

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 CONFLICTED 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	

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 11 and Grade 12 (available) results and tertiary academic record (if applicable)
- University acceptance letter (if available)

**\*\*All document must be certified\*\***

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** \_\_\_\_\_

<p><b>RETURN FORM TO:</b>  <b>Fax: 086 662 7071</b>  <b>E-mail: <a href="mailto:refilwe@careerwise.co.za">refilwe@careerwise.co.za</a></b>  <b>Post: P.O Box 30632, BRAAMFONTEIN 2017</b></p>
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