

**APPLICATION FOR EDUCATIONAL FUNDING**

**FUNDING FOR SCHOLARS AND STUDENTS**

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| --- | --- | --- |
| 1.  | Surname  |   |
| 2.  | First names  |   |
| 3.  | Date of birth  | Day  |   | Month  |   | Year  |   |
| 4.  | Identity number  |   |
| 5.  | Gender  | Female  |   | Male  |   |
| 6.  | Applicant’s addresses:  | Physical address-City Suburb/ Area Postal code  Postal address- CitySuburb/ AreaPostal code |
| 7.  | Applicant’s contact details**(*All applicants must have active email address)*** | Cell- Alternative number- Email- Landline-  |
| 8.  | Next of kin  | Name- Relationship with the applicant- Cell- Email-  |
| 9.  | University name  |   |
| 10.  | Student number  |   |
| 11.  | What course are you currently studying or do you want to study?  |   |
| 12.  | Indicate the amount of funding that you are applying for  |   |
| 13.  | Give reasons why you should be funded instead of other scholars or students  |   |
| **Please attach certified copies of the following documents:**All these certified copies must not be older than 3 months- Your documents can be certified at the South African Police Services or the South African Post office | Please tick if included |
| 14.  | ***NB: Failure to attach all required documents will lead to your application being disqualified***  | \*Certified copy of Identity Documents of the applicant. |   |
| \*Certified copy of Identity Document of each household member including parents or legal guardian. |   |
| \*Certified copy of your latest academic transcript or exam results.  |  |
| \*Acceptance letter from university  |   |
| \*Certified or official recent payslip, letter of employment, not older than 3 months for each parent or your legal guardian. This is for all types of employment or all forms of income for all members of the household. This includes any income received from SASSA grants, Unemployment Insurance Fund (UIF), or any retirement, life, disability or other benefits paid as a lump sum or in monthly payments. |   |
| \*Certified copy of a SASSA letter if any of your family members are receiving a social grant and are contributing to your household income.  |   |
| If your parents or your legal guardian works as an informal trader, please provide an affidavit signed by them to confirm this employment **(This information will be verified by the Motsepe Foundation)** |  |
| If one of your parents is deceased, please provide a certified copy of the death certificate. |   |
| If your parents are divorced, please provide a certified copy of the divorce decree. |   |
|  |  | If either of your parents does not live at home, please provide an affidavit explaining the reasons. |  |
|  |  | If you are supported by someone who is not your parent or legal guardian, please provide an affidavit explaining the reasons. |  |
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**DISPUTES:** Any reasonable dispute will be referred to a Dispute Resolution Committee which will consist of 5 Religious Leaders elected by the Religious Leaders in the District Municipality or Metro at a meeting called by the Motsepe Foundation. The decision of the Dispute Resolution Committee shall be final.

**NB:** I certify that the information provided is true and Motsepe Foundation can verify and ascertain its validity. I am aware that providing false information will lead to the disqualification of this application.

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**Signature of applicant Date signed**