

A D ZAKAR MEMORIAL BURSARY FUND

APPLICATION FOR A BURSARY FOR FULL-TIME STUDY

ATTACH COLOUR
PHOTO HERE

TITLE (Mr/Mrs/Miss)	
SURNAME	
FULL NAMES	
SOUTH AFRICAN ID NO.	
POPULATION GROUP	
COUNTRY OF BIRTH	
HOME ADDRESS Province Postal Code
CONTACT NOS	CellWork Email Alternative phone number
BOARDING/RESIDENTIAL ADDRESS DURING STUDIES Province Postal Code
PHONE NO. AT THIS ADDRESS	Phone No.
I AM PRESENTLY REGISTERED/ENROLLED	
COURSE/INTENDED QUALIFICATION	
UNIVERSITY/TECHNIKON/TECHNICAL COLLEGE NAME	
MAJOR SUBJECTS FOR DEGREE OR DIPLOMA	

Matric Results (Final or Latest Term Results)				TERTIARY (Latest Term Results)		
Year:				Year:		
Subject	%	HG	SG	Subject	%	Grade

Achievements I am proud of:

N.B. - COPIES OF THE FOLLOWING DOCUMENTS MUST BE ATTACHED TO YOUR APPLICATION:

- School / University / Technikon / College Results
- the Applicant's (Student's) AND Parent's IDs
- the Applicant's Enrolment Application/Proof of Registration (OR Letter from the College)
- Proof of Applicant's parent's engagement in the Hairdressing Industry in Southern Gauteng (Letter from their Employer/EM No./Salon No.)

Please NOTE that the decision of the A D Zakar Memorial Bursary Fund's Management Committee is FINAL and NO communication will be entered into with an applicant whose application was unsuccessful.

APPLICANT'S SIGNATURE:	DATE:
PARENT/GUARDIAN SIGNATURE:	DATE: