

### ARMSCOR BURSARY SCHEME BURSARY APPLICATION FORM

Armscor, the Armaments Corporation of South Africa, in partnership with the defence industry, is offering bursaries to exceptional learners through the Armscor Bursary Scheme. The aim of the scheme is to address the critical science and engineering skills of the defence industry, by focusing on promoting and improving results in Maths, Science and technical subjects at schools. The bursaries will be awarded to learners from previously disadvantaged backgrounds who intend to study full time in the engineering and science fields of study.

#### **RETURN COMPLETED APPLICATION FORM TO:**

| HAND DELIVERED:    | POSTED TO:                         |
|--------------------|------------------------------------|
| NAME OF PRINCIPAL: | SENIOR MANAGER: SKILLS DEVELOPMENT |
|                    | ARMSCOR LTD                        |
| NAME OF SCHOOL:    | PRIVATE BAG X 337                  |
| NAIVIE OF SCHOOL.  | PRETORIA                           |
|                    | 0001                               |

| NOTES & INSTRUCTIONS  | PLEASE TICK WITH X CONFIRM<br>ATTACHMENTS |
|---|---|
| READ CAREFULLY BEFORE COMPLETING, SIGNING OR SUBMITTING                                   | a   |
| ENSURE THE FORM IS COMPLETED IN PRINT AND IN FULL   |   |
| INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED  |   |
| SUPPLY ALL THE INFORMATION REQUESTED, OR EXPLAIN WHY YOU CANNOT PROVIDE IT                |   |
| <ul> <li>IT WILL BE YOUR ESPONSIBILITY TO APPLY FOR ENTRANCE AT<br/>UNIVERSITY</li> </ul> |   |
| MARK X WHERE APPLICABLE IN THE APPLICATION FORM   | /   |
| <ul> <li>ATTACH LATEST GRADE 12 RESULTS AND ACADEMIC TRANSCRIPT<br/>TO DATE</li> </ul>    |   |
| ATTACH CERTIFIED COPY OF ID   |   |
| ATTACH AT LEAST TWO TESTIMONIALS IN SUPPORT OF THE  |   |
| APPLICATION   |   |
| ATTACH PROOF OF SALARY OF BOTH PARENTS  |   |
| ATTACH A PASSPORT SIZE PHOTOGRAPH TO THE LEFT-HAND  |   |
| CORNER OF THE FRONT PAGE OF THE APPLICATION FORM  |   |

#### SECTION A: PARTICULARS OF APPLICANT

|         |  |  |                                       |                                     |   | 1  |   |  |  |  |   |
|---------|--|--|---------------------------------------|-------------------------------------|---|--|---|--|--|--|---|
|         |  |  | Nickname                              |                                     |   |  |   |  |  |  |   |
|         |  | D  |                                       | Date of birth                       |   |  |   |  |  |  |   |
| Yes     |  | No   |                                       | If No (specify)                     |   |  |   |  |  |  |   |
|         |  |  |                                       |                                     |   |  |   |  |  |  |   |
| Male    |  |  |                                       | Fem                                 | ale   |  |   |  |  |  |   |
| Africar | 1                                      |  |                                       | Colo                                | ured  |  |   |  |  |  |   |
| Indian  |  |  |                                       | Whi                                 | te  |  |   |  |  |  |   |
| Yes     |  | Nature of your disability                            |                                       |                                     |   |  |   |  |  |  |   |
| No      |  |  |                                       |                                     |   |  |   |  |  |  |   |
|         |  |  |                                       |                                     |   |  |   |  |  |  |   |
|         |  |  |                                       |                                     |   |  |   |  |  |  |   |
|         |  |  |                                       |                                     |   |  |   |  |  |  |   |
|         |  |  |                                       |                                     |   |  |   |  |  |  |   |
|         |  |  |                                       |                                     |   |  |   |  |  |  |   |
| ()      |  |  | Cell                                  | pho                                 | ne nu   | mber   |   |  |  |  |   |
| Yes     |  |  |                                       |                                     |   |  | No  |  |  |  |   |
|         | If yes                                 | , please   | e speci                               | fy th                               | e nati  | ure an   | d dat   | e of o   | ffenc  | e:   |   |
|         | Male<br>Africar<br>Indian<br>Yes<br>No | Male<br>African<br>Indian<br>Yes<br>No<br>( )<br>Yes | Male African Indian Yes No No Yes Yes | Male African Indian Yes No Cell Yes | Yes No If No<br>Male Fem<br>African Colo<br>Indian Whi<br>Yes Nature of your di<br>No Cell phot | Yes     No     If No (spectrum)       Male     Female       African     Coloured       Indian     White       Yes     Nature of your disabilities       Yes     Cell phone nut | Yes     No     If No (specify)       Male     Female       African     Coloured       Indian     White       Yes     Nature of your disability       No     Cell phone number       Yes     Ves | Yes     No     If No (specify)       Male     Female       African     Coloured       Indian     White       Yes     Nature of your disability       No     Cell phone number       Yes     No | Yes     No     If No (specify)       Male     Female       African     Coloured       Indian     White       Yes     Nature of your disability       No     Cell phone number       Yes     No | Yes     No     If No (specify)       Male     Female       African     Coloured       Indian     White       Yes     Nature of your disability       No     Cell phone number       Yes     No | Yes       No       If No (specify)         Male       Female         African       Coloured         Indian       White         Yes       Nature of your disability         No       Cell phone number |

#### SECTION B: HIGH SCHOOL ATTENDED

| Name of<br>School<br>School<br>Address    |    |                  |    |                                      |            |
|---|----|------------------|----|--------------------------------------|------------|
| Province                                  |    | I                | I  | 1                                    | 1          |
| Grade                                     |    | Current<br>Grade |    | Date of<br>completion<br>of Grade 12 |            |
| Grade 12<br>subjects (list<br>them below) | HG | Symbol           | SG | Symbol                               | Percentage |
|   |    |                  |    |                                      |            |
|   |    |                  |    |                                      |            |
|   |    |                  |    |                                      |            |
|   |    |                  |    |                                      |            |
|   |    |                  |    |                                      |            |
|   |    |                  |    |                                      |            |
|   |    |                  |    |                                      |            |
|   |    |                  |    |                                      |            |
|   |    |                  |    |                                      |            |

#### \*Please attach copy of Grade 12 results and/or full academic transcript SECTION C: PERSONAL ACHIEVEMENTS (Awards, Prizes, Position of Leadership)

| 1. |  |  |
|----|--|--|
| 2. |  |  |
| 3. |  |  |
| 4. |  |  |

#### SECTION D: HOBBIES/SPORTS AND INTERESTS (Explain)

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# SECTION E: INTENDED STUDY FOR THE NEW ACADEMIC YEAR (Please indicate your 1<sup>st</sup> and 2<sup>nd</sup> choice)

| Field of study      | Qualification         | Mark 1 for 1 <sup>st</sup> choice<br>or 2 for second<br>choice | Preferred/Current<br>University |
|---------------------|-----------------------|--|---------------------------------|
| Mechanical          | B. Eng. Mechanical    |  |                                 |
| Engineering         |                       |  |                                 |
| Aeronautical        | B. Eng. Aeronautical  |  |                                 |
| engineering         |                       |  |                                 |
| Electrical          | B. Eng. Electrical    |  |                                 |
| Engineering(light   |                       |  |                                 |
| current only)       |                       |  |                                 |
| Electronics         | B. Eng. Electronics   |  |                                 |
| Engineering         |                       |  |                                 |
| Metallurgy          | B. Eng. Metallurgical |  |                                 |
| Industrial          | B. Eng. Industrial    |  |                                 |
| Bachelor of science | BSc.                  |  |                                 |
| Bachelor in         | BSc. Chemistry        |  |                                 |
| Chemistry           |                       |  |                                 |
| Other (state)       |                       |  |                                 |

#### SECTION F: DETAILS ABOUT PARENT(S)/GUARDIAN(S) NEXT OF KIN

| Surname                     |         |  |               |  |  |  |
|-----------------------------|---------|--|---------------|--|--|--|
| First names                 |         |  |               |  |  |  |
| Relationship (e.g.          |         |  | Date of birth |  |  |  |
| Mother/Father/Brother/Uncle |         |  |               |  |  |  |
| etc.)                       |         |  |               |  |  |  |
| SA citizenship              | Yes     |  | No            |  |  |  |
| Identity number             |         |  |               |  |  |  |
| Gender                      | Male    |  | Female        |  |  |  |
| Race                        | African |  | Coloured      |  |  |  |
|                             | Indian  |  | White         |  |  |  |
| Residential address         |         |  |               |  |  |  |
| &                           |         |  |               |  |  |  |
| Postal code                 |         |  |               |  |  |  |

| Postal address    |        |            |  |
|-------------------|--------|------------|--|
| &                 |        |            |  |
| Postal code       |        |            |  |
| 1st Email address |        |            |  |
| 2nd Email address |        |            |  |
| Telephone number  | ( )    | Cell phone |  |
|                   |        | number     |  |
| Employer          | Mother |            |  |
|                   | Father |            |  |
|                   | Other  |            |  |
| Salary            | Mother |            |  |
|                   | Father |            |  |
|                   | Other  |            |  |

#### SECTION I: CONDITIONS OF ADIBS

#### Please indicate if you are fully aware of the bursary conditions below (mark with x)

| CONDITIONS OF ADIBS  | Mark<br>with X |
|--|----------------|
| I am interested in working within the Defence industry                                       |                |
| I will register at the university within my province <b>(explain if not possible)</b>        |                |
| I will register for an engineering or science degree aimed to address defence industry needs |                |
| I am prepared to serve a contract equal to the number of years a bursary was given           |                |
| I will ensure I retain and maintain an appropriate positive security clearance               |                |

#### SECTIONJ: MOTIVATION FOR FIELD OF STUDY AND BURSARY APPLICATION

#### DECLARATION

## I HEREBY DECLARE THAT THE PARTICULARS CONTAINED IN THIS APPLICATION ARE TRUE AND CORRECT

SIGNATURE OF APPLICANT

DATE

SIGNATURE OF PARENT OR GUARDIAN

DATE

SIGNATURE OF PRINCIPAL (if applicable)

\_ \_ \_ \_ \_

DATE