

GREAT NORTH TRANSPORT (PTY) LTD

Reg. no. 70/09472/07

BURSARY APPLICATION FORM

INSTRUCTIONS:

- a. Read carefully before completing, signing or submitting this form.
- b. Please print when completing the form.
- c. Mark appropriate blocks with an "X"
- d. Application forms not correctly and fully completed will prejudice the applicant's chances of obtaining a bursary.
- e. Please attach originally certified copies of ID document, academic qualification(s) and full academic record (subject and symbol statements on academic institution's letterhead).
- f. Please complete section D as motivation for bursary and attach supporting documents, e.g. Sworn affidavit.

SUBMIT APPLICATION FORM WITH REQUIRED DOCUMENTS TO:

Great North Transport, for attention: The Training/OD Manager, 22 Hans Van Rensburg, Polokwane or Post to before closing date to P. O. Box 1839, Polokwane, 0700.

A. PARTICULARS OF APPLICANT

1. Surname:					2. Title				
3. First names									
4. Residential					5. Postal				
address					address				
Postal Code					Postal				
					Code				
6. Province					7.				
					Telephone				
					Number				
8. Cell					9. ID				
Number					Number				
10. Race	African	Coloured	Indian	White	11. Gender	Female	Male		
Group									
12. Disability	Yes		No						

			В	. EDUCA	TIONAL	. PARTI	CULARS		
13. Curr	ent grade and	major subjec	ct enro	lled for				(High Scho	ool subjects)
(Name of school)				Since				.20	
14. Current studies enrolled for:									
qualification) at (Name of institution)			• • • • • • • • • • • • • • • • • • • •						
1E C+ud	ent number:								
	ent year of stu	dy e g 2 nd y	ear.						
LO. Curr	chi year or sta	uy, c.g. z y	car	••••••		••			
			C.	BUR	SARY P	ARTICU	LARS		
17			. D					9	V
	or were you a r ES" until which	•	•	rtment or	otner c	orgamsa	ational dursa	ıry?	Yes
10.11 1	ES UIILII WIIICII	year:	••••						
19. Are y	you or were yo	u in receipt	of ano	ther bursa	ary or lo	an?			
19 If "Y	ES" furnish the	name of org	anisat	ion.					
13.11	Lo rarristratio	name or org	54111541						
nature	of obligations:								
	•••••		•••••			•••••			
and fulfi	Iment of obliga	ations:							
		D DARTIC		COLDADI	NIT(C) /		IANI/C\/NIEVT	OF KIN	
		D. PARTIC	JULAKS	OF PARE	:141(5)/(JUARDI	IAN(S)/NEXT	OF KIN	
20.1	Surname								
20.2	First Name								
20.3	Identity No.								
20.4	Relationship		r	Father		Other, s	specify:		1 1
20.5	Postal addre		1		I	,	. ,		
	with postal								
	code								
20.6	Residential								
	address with	h							
	postal code								
20.7	Contact	Home					Cellular		
	Numbers.	Work					Other		
							contacts		
20.8	Email addre	ss							

	E. GENERAL						
Furnish any further information in support of your a	application:						
F. DECLARATION							
declare that the above particulars are complete a	(full names) nd correct and that the applicant intends making his/her service btaining the qualification in question in terms of the bursary						
I hereby, acknowledge that if ANY of the information provided in this application form is found to be incomplete and/or incorrect, my application will be disqualified.							
Signature of:	Signature of:						
Signature of applicant	Signature of Parent/Legal Guardian						
	 Date						
	I						