



**Bursary Application
Form Full Time
Bursaries
2025**

Full time Bursary application form

INSTRUCTIONS

1. Read carefully before completing, signing or submitting this form.
2. Ensure that this form is completed in full.
3. Complete in BLOCK LETTERS.
4. Note that this bursary cannot be used to pay for the application or registration fee
5. Application Fee R800.00 non-refundable
6. Registration Fee R6850.00 non-refundable

Criteria:

5. Ensure that this form is duly signed.
6. Application forms with incomplete information will be disqualified.
7. Application forms with incorrect information will lead to your application being disqualified.
8. Applications received after the deadline date will be disqualified.
9. Attach **ALL** of the following documents **REQUIRED IF APPLICABLE**:
 - 9.1 Motivational Letter
 - 9.2 Only South African citizens will be considered
 - 9.3 South African ID (Certified)
 - 9.4 Academic record results or progress report
 - 9.5 Official Matric/NSC results (Certified)
 - 9.6 Annual household income between R350,000 and R600,000
 - 9.7 Proof of income: The combined annual household income
 - 9.8 An affidavit from the parent(s) or guardians(s) stating that they are unemployed (If applicable)
 - 9.9 SASSA letter stating the grants received in the household where applicable (If applicable)
 - 9.10 Death certificate(s) if parent(s) are deceased
 - 9.11 Letter from court stating child support amount received if parents are separated
 - 9.12 **CLOSING DATE FRIDAY, 30TH AUGUST 2024**

**The Head of Administration
The Waverley Business Park Unit 8B
48 Dane Street
Tel: 021-448 8383/4
Email: study@capeaudiocollege.com**

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SECTION A - PERSONAL DETAILS OF APPLICANT

1.	Surname												
2.	First names												
3.	Date of birth												
4.	Place of birth												
5.	Identity No.												
6.	SA Citizenship	Yes						No					
7.	Gender	Male						Female					
8.	Race	African			Indian			Coloured			White		
9.	Do have a disability	Yes						No					
		If YES, describe the nature of disability:											
10.	Residential address with postal code												
11.	Postal address with postal code												
12.	Contact telephone numbers including dialling codes	Home						Cellular					
		Parent/ Guardian						Other Contacts					
13.	Email address												

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SECTION B - HIGH SCHOOL ATTENDED

1.	Name of school					
2.	School address					
3.	Province					
4.	Grade (Please tick)	Currently in Grade 12		Completed Grade 12		
5.	Years attended	From:		To:		
6.	Subjects (List them below)	Higher Grade	Symbol	Standard Grade	Symbol	Percentage
6.1						
6.2						
6.3						
6.4						
6.5						
6.6						
6.7						
6.8						
6.9						

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SECTION C - POST MATRIC QUALIFICATIONS

1.	Full name of highest qualification				
2.	Nature of qualification	Degree	Diploma		
3.	Status	Presently studying	Discontinued		
4.	If discontinued, for what reasons?				
5.	If presently studying, which year of study? (Please tick)	First Year	Second Year	Third Year	Fourth Year
6.	Student number				
7.	Name of institution				
8.	Address of institution				
9.	Major Subjects				Marks/ % obtained
List the subjects		10.1			
		10.2			
		10.3			
		10.4			
10.	Auxiliary subjects				Marks/ % obtained
List the subjects		11.1			
		11.2			
		11.3			
		11.4			
		11.5			
		11.6			
		11.7			

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SECTION D - INTENDED STUDY FOR THE NEW ACADEMIC YEAR (Please mark with 'X')

2.	Do you have a driver License?	1-Year Higher Certificate in Sound Technology		
		3-Year Bachelor of Arts in Sound Technology and Production		
		Yes	NO	
3.	Are you receiving any other bursary or loan?	Yes	No	If YES, describe below the nature of financial assistance and any obligations involved and provide the name of the institution that granted the bursary/ loan assistance:

SECTION E – DETAILS ABOUT PARENT(S) / GUARDIAN(S) / NEXT OF KIN

1.	Surname														
2.	First names														
3.	Identity No.														
4.	Relationship	Mother			Father			Other, specify:							
5.	Residential address with postal code														
6.	Postal address with postal code														
7.	Contact telephone numbers including dialing codes	Home							Cellular						
		Work							Other contacts						
8.	Email address														

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SECTION F – DECLARATION

1. I hereby, declare that **ALL** the information provided in this application form is complete and correct.
2. 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.

3. Signature of

3.1 APPLICANT : _____

3.2 Date : _____

4. Signature of

4.1 PARENT / LEGAL GUARDIAN : _____

4.2 Date : _____