

Paste ID size photo



For office use

SACTWU BURSARY FUND APPLICATION FORM 2014

HINTS TO COMPLETE

1. Please complete all information requested on the application form.
2. Write clearly and legibly.
3. Please ensure that all documents requested are certified copies and are submitted promptly (Your local Post Office or Police Station will be able to certify the documents).
4. Please ensure that the correspondence address provided at the top of page 4 is the address at which you will receive your mail. Please inform us immediately of any changes.
5. Where there is a difference in surname between student and union member, please provide:
 - an affidavit by member stating that you are the biological parent (full name and identity number) of the applicant (full name and identity number).
 - an affidavit by member (as above, a certified copy of your parent's marriage certificate and certified copy of both parent's identity documents).
 - Valid letter of guardianship from Department of Social Development.
6. All applicants are required to be members of the SACTWU Students Union (SaSU) and agree to 50 hours of community service. Please complete the separate application form.

CLOSING DATES:

- **28th** February 2014 for full year and 1st semester study
 - **8th** August 2014 for 2nd semester study

Late applications will not be considered

Emailed/ Faxed copies will not be accepted.

Have you received a bursary from SACTWU in the past:

Yes	No
-----	----

If Yes, please complete the following: Have you received a bursary from another sponsor?
If yes please complete the following:

Year	Amount

Year	Name of Sponsor	Amount

Are you studying part-time/full-time?

 Part – Time

 Full - time

Are you employed /unemployed?

 Employed

 Unemployed

I have completed an application form to join the SACTWU Students Union (SASU) and agree to undertake 50 hours of community service as set out in the application form.

No of community service hours completed in 2013: _____

Signature of student: _____ Date : _____

TO BE COMPLETED BY MEMBER

DETAILS OF SACTWU MEMBER

Surname: _____

First Name in full : _____

Identity Number: _____

Home Address: _____

Code: _____ Province : _____

Contact no (Home) : _____ Cell: _____

Name of Workplace: _____

Factory Address: _____

Code: _____ Province : _____

Telephone number of Workplace: (_____) _____

Fax number of Workplace: (_____) _____

Your Occupation: _____ Clock No _____

How many years have you been employed in this workplace? _____ Council No: _____

Date first employed at this workplace: _____

How many years have you been a union member? _____

I am employed in the:

 Clothing

 Textile

 Leather

 Other

 Staff

SACTWU Region: _____ SACTWU Branch: _____

I, (Name and Surname of member): _____

I hereby confirm that the information furnished above is accurate. I grant the union the right to render an enquiry to verify this information.

Signature of member: _____ Date: _____

Postal address for all correspondence:

Code: _____ Province : _____

CHECKLIST - TO BE COMPLETED BY THE STUDENT

The following documents must be submitted with this application:

		Yes	No
1	Certified copy of student's identity document		
2	Certified copy of member's identity document		
3	ID size photo of applicant		
4	Latest or certified copy of member's payslip		
5	Original/certified copy of detailed statement of account from institution for 2014 (cost per subject)		
6	Certified copy of matric certificate if 1 st year of study or 1 st time applicant		
7	Certified copy of academic record for previous years of study (all years)		
8	Proof for difference in surname: *affidavit by member stating that you are the biological parent (full name and identity number) of the applicant (full name and identity number) of the member *affidavit by member (as above) and marriage certificate and certified copies of both parents identity document *valid letter of guardianship from Department of Social Development (where applicable)		
9	Affidavit from member re status of employment (if member has been retrenched)		
10	Affidavit from applicant stating employed/unemployed if studying part-time or through correspondence (if employed part-time/contract – attach payslip)		
11	Application form to join SaSU		

Postal address

SACTWU Bursary Department
P.O. Box 18359
Dalbridge 4014
Tel : 0313011351
Fax : 0865003646

Delivery address:

3RD Floor - James Bolton Hall
127 Magwaza Maphalala (Gale) Street
Durban 4001
Email : bursaries@sactwu.org.za
Website : www.sactwu.org.za

WE WISH ALL STUDENTS THE VERY BEST FOR THEIR STUDIES IN 2014