

External Tertiary Studies Assistance Application Form

CR-TRA-001

<p>STUDY ASSISTANCE APPLICATION FORM</p> <p>To be completed by the student applying. Please complete the form as fully and as truthfully as possible.</p> <p>By completing and submitting this form, you are consenting to the processing of your personal information. The processing of your personal information is regulated by the FUCHS Foundation Trust's Privacy Notification to Data Subjects when Collecting Personal Information, which has been availed to you. A copy of the Policy is also available upon written request.</p>	
SECTION 1: PERSONAL DETAILS	
Surname	
Name(s)	
Date of Birth	
ID Number	
Nationality	
Gender (male/ female/other)	
Race (African/ Coloured/ Indian/ White/Other (specify))	
Are you a person living with a disability? If Yes, state the nature of the disability and attach a medical certificate	
Residential Address	
Postal Address	

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Contact Numbers (Self)		
Email Address		
Alternative Contact Person	Name	Telephone & Mobile Number
Email Address		
SECTION 2: INTENDED STUDIES		
Enrolment Date - Month and Year		
Course		
Subjects		
Institution		
Requested assistance (list required items e.g. tuition fees, textbooks, etc. and state amount(s) requested and attach supporting documents) NB: if amounts and supporting documents are not submitted, your application cannot be processed	Item requested	Amount
Do you have a sponsor? Or have you applied elsewhere for sponsorship? Please furnish details		

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Have you ever received sponsorship from FUCHS? (No/Yes and year sponsored)		
SECTION 3: LAST SCHOOL ATTENDED		
Name and address of the school		
Year		
The last grade passed		
Subjects and marks achieved (please attach a copy of the results to this application) This section must be completed, otherwise, the form cannot be processed.	Subject	Marks
SECTION 4: POST-SCHOOL STUDIES		
Qualification/ Course Studied		
Institution		
Year		
Subjects and marks achieved (Please attach full academic transcript) This section must be completed, otherwise, the form will not be processed, even if the information has been provided previously.	Subject	Marks

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SECTION 5: FAMILY INCOME INFORMATION				
List members of your household (please attach proof of income or lack thereof - confirming affidavit)	Name	Relations hip	Income source (employed/ grant/self-employed, etc.)	Income per month
If parents are not living in the same household, please provide their details	Name	Income source	Income per month	
Do you have a family member working at FUCHS? Please Note: family member may be liable for tax.	Yes/ No	Name	Relationship	
<p>I, the undersigned, _____ (Parent/Guardian), hereby give my consent for FUCHS to conduct credit checks and acquire such other information as may be necessary to assess the Parent's and/or Third Party's creditworthiness, which may involve information being requested from any registered credit bureau, in order to conduct a credit assessment or affordability assessment in respect of the Parent and/or Third Party.</p> <p>Signature: _____ Date: _____</p>				
SECTION 6: Declaration by Student				

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<p>I declare that all information given in this form and attached to this application is true and correct. In order for an accurate assessment to be made, I hereby give consent to FUCHS to obtain information regarding academic and discipline history from my current and/or past school.</p> <p><i>(if below 18, parent or guardian must sign)</i></p>	<p>Name and Signature</p>	<p>Date</p>	<p>Place</p>													
<p>IMPORTANT NOTICE</p> <p>Only 100% complete applications with all supporting documents will be considered. Tick documents attached</p>	<table border="1"> <tr> <td data-bbox="593 929 1197 974">Certified ID copy</td> <td data-bbox="1197 929 1337 974"></td> </tr> <tr> <td data-bbox="593 974 1197 1019">Grade 12 results</td> <td data-bbox="1197 974 1337 1019"></td> </tr> <tr> <td data-bbox="593 1019 1197 1064">Latest results</td> <td data-bbox="1197 1019 1337 1064"></td> </tr> <tr> <td data-bbox="593 1064 1197 1108">Academic transcript</td> <td data-bbox="1197 1064 1337 1108"></td> </tr> <tr> <td data-bbox="593 1108 1197 1153">Proof of family income (payslips/ bank statements/ affidavit)</td> <td data-bbox="1197 1108 1337 1153"></td> </tr> <tr> <td data-bbox="593 1153 1197 1198">Motivation letter explaining why you believe you should be granted sponsorship</td> <td data-bbox="1197 1153 1337 1198"></td> </tr> <tr> <td data-bbox="593 1198 1197 1288">Proof of family relationship or financial dependence on a FUCHS employee (e.g. birth certificate or affidavit)</td> <td data-bbox="1197 1198 1337 1288"></td> </tr> </table>	Certified ID copy		Grade 12 results		Latest results		Academic transcript		Proof of family income (payslips/ bank statements/ affidavit)		Motivation letter explaining why you believe you should be granted sponsorship		Proof of family relationship or financial dependence on a FUCHS employee (e.g. birth certificate or affidavit)		
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