



merSETA

MANUFACTURING, ENGINEERING
AND RELATED SERVICES SETA

**BURSARY APPLICATION FOR STUDY AT POST-SCHOOL
EDUCATION AND TRAINING INSTITUTION**

1. PERSONAL PARTICULARS	
Surname	
First Names	
Course of Study	
Name of Institution where Studies will be taken	
Full Title of the Qualification or Part-Qualification	
SAQA Registration ID Number	
Residential address	
Province	
City	
Municipality	
Geographic Location	Please tick (√) or cross (×) relevant option
	Urban <input type="checkbox"/> Rural <input type="checkbox"/>
Do you have any disabilities?	
If yes, please specify the type of disability	
Cell Number	
Email Address	
Specify Language	Please tick (√) or cross (×) relevant option
	Speak <input type="checkbox"/> Read <input type="checkbox"/> Write <input type="checkbox"/>
	Speak <input type="checkbox"/> Read <input type="checkbox"/> Write <input type="checkbox"/>
	Speak <input type="checkbox"/> Read <input type="checkbox"/> Write <input type="checkbox"/>
	Speak <input type="checkbox"/> Read <input type="checkbox"/> Write <input type="checkbox"/>
Identification Number	

Document Title	Bursary Application Form to Study at Post-School Education and Training Institution		
Document Number	BUR-FM-004	Revision Date	07 June 2023
Page Number	Page 1 of 3	*Next Revision Date:	01 April 2025
Revision Number	Rev 07	Access:	Controlled
Reviewed: Acting Senior Manager: Quality Assurance & Partnerships		Approved: Acting Chief Executive Officer	

Please tick (√) or cross (×) relevant option										
Title	Mr.	<input type="checkbox"/>	Mrs.	<input type="checkbox"/>	Ms.	<input type="checkbox"/>	Dr	<input type="checkbox"/>	Prof	<input type="checkbox"/>
Gender	Female			<input type="checkbox"/>	Male			<input type="checkbox"/>		
Race	African	<input type="checkbox"/>	Colored	<input type="checkbox"/>	Indian	<input type="checkbox"/>	White	<input type="checkbox"/>		
Please tick (√) or cross (×) relevant option										
Year of Study	First Year of Study			<input type="checkbox"/>	Continuation of Studies			<input type="checkbox"/>		
Full Name and Surname of Parent if the applicant is a minor under the age of 21 years.										

2. EDUCATION: PARTICULARS OF SECONDARY SCHOOL(S) ATTENDED BY APPLICANT			
2.1	NAME OF SCHOOL	YEARS OF ATTENDANCE	
		FROM	TO
2.2	SCHOOL RECORD		
Certificate obtained at Grade 12 or equivalent level			
Name of Certificate			
Month and year obtained			
If still at school, attach a copy of the latest school report.			
Subjects written in Grade 12 or equivalent examination. Please attach transcripts			
NB!! PLEASE ATTACH COPIES OF ALL RESULTS			

4.	LOANS, GRANTS, BURSARIES		
Are you in receipt of a grant, loan, bursary, or any other financial assistance for study purposes?			
If yes, please specify the type of funding.			
NAME OF AWARD		AMOUNT (R)	
Have you applied for any other loan, grant, or bursary?			
If yes, please specify the type of loan, grant, or bursary applied?			

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5. ATTACHMENTS TO THIS APPLICATION	
Is a copy of the applicant's Identification Card or Green Bar-Coded Identification Document (preferably color, both sides; face, letters, and number need to be clear) attached?	
Is a copy of the latest examination or test results obtained from the university/college/school/ other educational institution attached?	
Is the proof of registration that shows the date and name of the institution attached?	
Is a copy of the latest school report/equivalent and transcripts attached?	
Is there any additional information, proof of award, etc. attached?	
Are you aware that no faxed documents will be accepted for this application?	

6. DECLARATION	
Are you aware that this application will not be considered unless fully completed?	
Do you declare that the information that you have provided in this application form is, to the best of your knowledge and believe, correct, and complete?	
Do you understand that any false or willfully suppressed information will render this application null and void?	
Signature of Applicant	
Date	
Signature of Parent or Guardian if the applicant is a minor under the age of 21 years.	

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