

NATIONAL BURSARY FUND APPLICATION FORM

(PLEASE READ THE FOLLOWING)

SECTION A

GENERAL CONDITIONS

1. The student must be a South African Citizen.
2. The student must be registered with a tertiary institution that is recognised and accredited by the South African Council for the Property Valuers Profession.
3. The recipient must be studying towards a property valuation qualification.
4. The student must have successfully completed the 1st year and be entering the 2nd year of study. (1st year subjects passed must be valuation related.)
5. Students busy with Post Graduate studies may also apply.
6. The applicant must be a member of the South African Institute of Valuers. (Refer also to C - RULES AND CONDITIONS APPLICABLE TO STUDY ASSISTANCE)
7. The student should not be in receipt of any other study allowance, grant, donation or another bursary
8. The student must be in need of financial assistance.
9. The following documents must be attached to the application:
 - Certified copy of ID
 - Certified copy of matric certificate
 - Proof of registration with the educational institution
 - Account for the fees for enrolled subjects
 - Candidate Valuer registration certificate
 - Academic progress report/results of the previous year
 - Subjects still outstanding after completion of the current academic year
10. The completed application must be submitted to the Branch Executive of the student for their consideration and recommendation.
11. The bursary amount applied for must be provided.
12. The bursary will be paid directly to the educational institution once awarded for the credit of the student's account.

COMPLETE SECTIONS B TO E IN FULL

(An incomplete application will not be considered.)

PLEASE NOTE: Receipt/Acceptance of an application form by the Branch does not automatically imply that the bursary will be approved.

SECTION B

1. PERSONAL INFORMATION:

Name: _____	Surname: _____				
Identity Number: _____	Date of birth: _____				
Gender: _____	Race: _____				
Marital Status: _____					
Residential Address: _____ _____ _____	Postal Address: _____ _____ _____				
Postal Code: _____	Postal Code: _____				
Telephone Numbers:					
Cell/Home: _____	Office: (____) _____				
Fax Number: (____) _____					
E-mail: _____					
Have you ever applied for a SAIV bursary?	<table border="1"><tr><td>Yes</td><td><input type="checkbox"/></td><td>No</td><td><input type="checkbox"/></td></tr></table>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
If yes, which year? _____					

2. DETAILS OF NEXT OF KIN

Name: _____	Surname: _____
Relationship: _____	Contact Number: _____
E-mail: _____	

3. HIGH SCHOOL EDUCATION HISTORY: (Attach certified copies of all certificates)

Name of School: _____
School Address: _____
Highest Grade Passed: _____ Years attended: From _____ to _____

SUBJECTS (LIST THEM BELOW)	GRADE SG / HG	SYMBOL ACHIEVED

4. POST MATRIC QUALIFICATION(S):

(Attach certified copies of all certificates and academic records)

4.1. QUALIFICATION 1:

Name of qualification previously obtained: _____

Name of Tertiary Institution: _____

Student Number: _____ Status:

Completed

Discontinued

On-hold

If completed, year completed: _____

4.2. QUALIFICATION 2:

Name of qualification previously obtained: _____

Name of Tertiary Institution: _____

Student Number: _____ Status:

Completed

Discontinued

On-hold

If completed, year completed: _____

4.3. QUALIFICATION 3:

Name of qualification previously obtained: _____

Name of Tertiary Institution: _____

Student Number: _____ Status:

Completed

Discontinued

On-hold

If completed, year completed: _____

5. CURRENT STUDIES

(Attach certified copies of all certificates and academic records)

Name of qualification: _____

Name of Tertiary Institution: _____

Student Number: _____

Current year of study:

1st

2nd

3rd

4th

6. INTENDED STUDY FOR THE NEW ACADEMIC YEAR:

(The bursary for which you are applying)

Name of qualification: _____

Name of Tertiary Institution: _____

Are you receiving any other bursary or grant?

Yes

No

If YES, describe below the nature of financial assistance and obligations involved and provide the name of the institution that granted the assistance:

Details of anticipated future subjects, other than those currently registered for:

SUBJECTS	SUBJECT CODE	SEMESTER OR YEAR MODULE	SUBJECTS	SUBJECT CODE	SEMESTER OR YEAR MODULE

7. MEMBERSHIP WITH PROFESSIONAL / STATUTORY BODIES

(Attach a copy of registration Certificates)

PROFESSIONAL BODY	REGISTRATION NO.	YEAR

8. ACHIEVEMENTS

(Give details of your academic or personal achievements)

9. BRIEF MOTIVATION FOR THE APPLICATION

(Include a statement setting out clearly why you have chosen this degree and how you intend to use it after graduation)

10. BURSARY AMOUNT

The bursary amount applied for is made up as follows (attach quotation or fee statement):

[illegible]

FINANCIAL ASSISTANCE REQUIRED FROM SAIV: R _____

11. ACCOUNT AND BANKING DETAILS OF THE INSTITUTION

* NAME OF ACCOUNT HOLDER:	
REFERENCE NUMBER REQUIRED:	
BANK:	TYPE OF ACCOUNT:
BRANCH NAME:	BRANCH CODE:

* (Name of Institution, unless otherwise discussed and agreed)

12. REFERENCES

(Please provide the names and contact details of 3 people whom the Institute may contact for references)

	Reference 1	Reference 2	Reference 3
Name:			
Surname:			
Contact No:			
Contact Email:			

13. HOW DID YOU FIND OUT ABOUT THE BURSARY?

Online search		Word of mouth	
SAIV website		Social media	
Newspaper/ Magazine		School/Teacher	
Career exhibition/Talk		Other, Specify:	

14. EMPLOYMENT INFORMATION:

Current Employment Status:

Employed		Unemployed	
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If employed, complete the information below:

Name of employer: _____

Position held: _____

Period employed: _____

Address: _____

Telephone No.: (____) _____ Fax No.: (____) _____

Current Earnings: R _____ per Annum

Is your employer paying anything towards your studies?

Yes		No	
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CONFIRMATION BY EMPLOYER

I hereby confirm as true and correct that -

- (a) The applicant's studies are not being paid for by the organisation, in whole or in part
- (b) The applicant's employment information is true and correct.

SIGNATURE _____

FULL NAME OF EMPLOYER _____

DATE _____

SECTION C

RULES AND CONDITIONS APPLICABLE TO STUDY ASSISTANCE

1. Incomplete or late applications will not be considered.
2. The closing date for applications is 31 October each year.
3. Bursaries will only be allocated for the year following the one in which the application is received.
4. Bursaries are awarded according to academic merit, financial need and the availability of funds
5. The bursary is not repayable on completion of the course.
6. Should the student choose not to complete the course for any reason whatsoever, the full amount of the bursary already paid on behalf of the student will have to be repaid by the student, as directed by the Bursary Committee.
7. No funds will be paid for any subject that has to be repeated.
8. No funds will be paid for any subjects already completed.
9. No funds will be paid for any arrears or monies owed to the academic institution for any outstanding fees for subjects registered before the approval of the bursary.
10. An academic progress report must be submitted to the General Manager's Office after every semester. No other bursary monies will be paid if this report is not submitted.
11. Unsatisfactory progress will result in the cancellation of the bursary.
12. The bursary shall be awarded for one year only, and the student must reapply annually.
13. In the case of semester courses, payment will be made per semester. The first payment for the first semester will be made at the beginning of the first semester after registration. The second semester's payment will be processed upon successfully completing the first semester modules.
14. Successful applicants will be offered "free" student membership with the Institute for the year of the awarded bursary at the discretion of the Bursary Committee.
15. The registration fee payment remains the bursary recipient's responsibility.
16. The successful applicant may be required to partake in activities aligned with the Institute's mission and vision.
17. The Bursary Committee reserves the right to retract funding if it finds that the applicant is in breach of the Institute's code of ethics.

SECTION D

DECLARATION

I, _____ hereby confirm that I have read and understood the rules and conditions applicable to this study assistance. I further warrant that I shall complete the course. If, for any reason whatsoever, I decide not to proceed with my studies, I shall be liable to repay the Institute of Valuers the total financial assistance already paid on my behalf.

SIGNATURE OF APPLICANT

DATE

COUNTERSIGNED BY PARENTS/GUARDIAN

SIGNATURE

SIGNATURE

FULL NAME

FULL NAME

DATE

DATE

SECTION E

AFFIDAVIT

I, certify that on the day of 20.....

in my presence,

the Deponent signed this Affidavit and acknowledged to me that he:-

- a) knows and understands the contents thereof;
- b) has no objections to taking this oath;
- c) considers the oath to be binding upon his conscience and uttered the words, "I swear that the contents of this declaration are true, so help me God."

COMMISSIONER OF OATHS : _____
FULL NAME : _____
ADDRESS : _____
: _____
: _____
: _____
: _____

SECTION F

TO BE COMPLETED BY THE BRANCH EXECUTIVE

COMMENTS / MOTIVATION BY THE BRANCH EXECUTIVE:

SPECIAL CONDITIONS IMPOSED BY THE BRANCH EXECUTIVE:

RECOMMENDATION OF THE BRANCH EXECUTIVE:

The granting of the Bursary is **supported / not supported**.
(Delete whatever is **NOT** applicable)

**CHAIRMAN
COMMITTEE**

**MEMBERSHIP
COMMITTEE**

**EDUCATION
COMMITTEE**

DATE OF APPROVAL: _____

TO BE COMPLETED BY BURSARY COMMITTEE

1. DATE APPLICATION RECEIVED : _____
2. DATE APPLICATION APPROVED : _____
3. APPLICABLE ACADEMIC YEAR : _____
4. ALL DOCUMENTATION RECEIVED : _____
5. AMOUNT GRANTED : R_____
6. TERTIARY INSTITUTION : _____

NOTES

APPROVED BY: 1. _____ 2. _____

DATE: ____ / ____ /20 ____

PROCESSED ON: ____ / ____ /20 ____

AMOUNT: R _____

SIGNATURE: _____