

NATIONAL BURSARY FUND APPLICATION
(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 recognised educational institution.
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 Student member of The SA Institute of Valuers. (Refer also to C - RULES AND CONDITIONS APPLICABLE TO STUDY ASSISTANCE)
7. The student should not be in receipt of any 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:
 - 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 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 students 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: _____
Residential Address: _____ Postal Address: _____

Postal Code: _____ Postal Code: _____
Telephone Numbers:
Cell/Home: _____ Office: (____) _____
Fax Number: (____) _____ E-mail : _____

2. EDUCATIONAL HISTORY: (Attach certified copies of all certificates)

2.1 Name of School: _____
2.2 Highest Standard Passed: _____ Year: _____
2.3 Qualifications previously obtained: _____ Year: _____
2.4 Name of Tertiary Institution: _____
2.5 Valuation course/degree/diploma currently enrolled for: _____
2.6 Name of Institution: _____

Details of Subjects Passed:

SUBJECTS	%	YEAR	SUBJECTS	%	YEAR

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

SUBJECTS	%	YEAR	SUBJECTS	%	YEAR

3. BURSARY AMOUNT

The bursary amount applied for is made up as follows:

DESCRIPTION OF SUBJECT	AMOUNT
TOTAL	

4. ACCOUNT AND BANKING DETAILS OF INSTITUTION

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

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

5. EMPLOYMENT INFORMATION:

Employment Status: UNEMPLOYED / EMPLOYED

(if yes, complete the following)

Name of Employer : _____

Address : _____

: _____

: _____

: _____

Telephone Number: (____) _____ Fax Number: (____) _____

Cell Number : _____

E-mail Address : _____

Position Held : _____

Period Employed : _____

Current Earnings : R _____ per Annum

Is the Employer paying for your Studies? YES/NO (‘X’ APPLICABLE)

If yes, amount of contribution: R _____

(Is applicant still eligible for bursary then?)

FINANCIAL ASSISTANCE REQUIRED FROM SAIV: R _____

CONFIRMATION BY EMPLOYER

I hereby confirm as true and correct that -

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

SIGNATURE

FULL NAME OF EMPLOYER

DATE

6. 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:			

7. MEMBERSHIP OF PROFESSIONAL / STATUTORY BODIES

(Attach copy of registration Certificates)

PROFESSIONAL BODY	REGISTRATION NO.	YEAR

8. BRIEF MOTIVATION FOR THE APPLICATION:

SECTION C

RULES AND CONDITIONS APPLICABLE TO STUDY ASSISTANCE

1. The bursary is not repayable on completion of the course.
2. 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.
3. No funds will be paid for any subject that has to be repeated.
4. An academic progress report must be submitted to the General Manager's Office after every examination. No further bursary will be paid if this report has not been submitted.
5. Unsatisfactory progress will result in the cancellation of the bursary.
6. The bursary shall be awarded for one year only and the student must reapply annually.
7. The successful applicants will be offered "free" student membership of the INSTITUTE for the year of the award and is renewable annually at the discretion of the Bursary Committee.

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 and if, for any reason whatsoever, 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: _____