

Mbangi Foundation 2018 Financial Aid Application Form



MBANGIFOUNDATION

Led by **Purpose**, driven by **Change**

TERMS AND CONDITIONS

1. Directions to applicants:

- Read the instructions carefully
- Return the application form to info@mfoundation.co.za or fax to 0865616415 by 5th January 2018
- No late applications will be accepted after the closing date
- Where applicable mark with "✓"
- Applicants must comply with the check list of all supporting documents below to be considered for financial assistance.
- Applications will only be considered if application is completed in full and signed by the applicant and if all the supporting documents have been included

2. Accompanying documents and check list (all copies must be recently certified)

- Copy of your Identity Document.
- Copy of your Parents / Guardian Identity Document.
- Copy of your Grade 12 certificate.
- Proof of registration at a University (for those that are registered).
- Academic record (progress report) University.
- Proof of income of parents / guardian (sworn affidavits for those without proof of income).
- Grade12 applicants must ensure that they provide the following documents in addition to the above:
- Motivation why you should be awarded a bursary.
- Copy of your mid – term grade 12 results.
- Letter of acceptance/preliminary acceptance from the University.

3. Selection Criteria

- Only applications from South African citizens will be considered.
- The main criteria for the selection of applications is financial need and academic potential.
- Financial assistance applications are invited from young people who aim to study full time towards an undergraduate university (academic) degree.
- Applicants currently in Grade 12 and applicants already in possession of a National Senior Certificate should have obtained a pass in all their subjects and qualify for higher education.
- No private tertiary Institutions will be funded.
- Applicants must not hold a degree or Diploma.
- Applicants must not have other bursaries
- Preference will be given to candidates from rural communities in dire need of financial aid.
- Candidates will be disqualified if and when found guilty of any improper conduct i.e. Drugs, theft, plagiarism etc.
- Indicate in application if you need full bursary or registration

4. Full bursary or registration amount.

Mbangi Foundation offers full cost registration and Bursary fees range from financial need and academic excellence. Terms and Conditions apply

5. Completed application forms: acknowledgement of receipt

Mbangi Foundation will notify you by SMS when your application form has been received. All properly completed applications will be considered and a selection will take place from 15th – 19th January 2018. All applicants may be notified of the outcome by SMS not later than 22nd January 2018. Please contact Mbangi Foundation only if you have not had a response by 23 January 2018 on:

Email: info@mfoundation.co.za

Please note that only a select few candidates will be shortlisted for financial aid. Meeting the minimum selection criteria does not imply that an application will automatically be successful.

Financial Aid Application Form

Please mark answer with a "✓"

Section 1: Personal Information

Identity number											
Surname (block letters)											
First names											
Date of Birth:	Day	Month		Year							
Gender:	Female	<input type="checkbox"/>	Male	<input type="checkbox"/>							
Population Group:	African	<input type="checkbox"/>	Coloured	<input type="checkbox"/>	Indian	<input type="checkbox"/>	White	<input type="checkbox"/>			
Do you suffer from any disability?	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	If yes, please specify						

*Gender, population group and disability information required for statistical purpose

Contact Details

Cell Phone	Whose number is this?										
Alternative cell number:											
Home Tel											
Email address											
Postal address										Postal code	
Physical address line 1											
Address line 2											
Is your home in rural or urban	Rural	<input type="checkbox"/>	Urban	<input type="checkbox"/>							
Formal or informal settlement	Formal	<input type="checkbox"/>	Informal	<input type="checkbox"/>							
How did you know about Mbangi Foundation?											
Word of mouth	<input type="checkbox"/>	School	<input type="checkbox"/>	Friend/relative	<input type="checkbox"/>	Other	<input type="checkbox"/>	Please specify			

Section 2: Applicant's Study Details

What are you doing this year?	Gap year	<input type="checkbox"/>	Grade 12	<input type="checkbox"/>	Full time tertiary studies	<input type="checkbox"/>	Full time working	<input type="checkbox"/>			
Name of school you are currently attending or where you completed matric											
Name the university you are currently registered with if you have commenced tertiary studies											
Have you matriculated?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If no, which grade are you in this year?						

School Results: In the columns below, please provide your school results, as applicable (e.g. if you are currently in Grade 12 and have not yet received your pre-lim results, leave that column open). Fill in your subjects. If you do not complete at least the grade 11 and the June grade 12 results your application will be considered as incomplete and thus not considered any further.

Subject	Final Grade 11	June Grade 12	Pre-Lim Grade 12	Final Grade 12

Clearly specify the name of the degree for which you need a bursary, the name of the education institution, where you plan to study and the year of study.

Proposed degree program for next year

First Year Students

First Choice (e.g. B Com Accounting)

Institution	Campus
-------------	--------

Second Choice (e.g. LLB)

Institution	Campus
-------------	--------

Second Year Students

Registered Degree

Institution	Campus
-------------	--------

Student Number

First Year June Results	%	subjects	%
Subjects		subjects	
1.		6.	
2.		7.	
3.		8.	
4.		9.	
5.		10.	

Mention any other bursaries you have applied for as well as any bursaries that have been granted to you.

Section 3: Details of parents/legal guardian and family (living in one home)

The aim of this section is to establish financial need. It is therefore essential that you provide the correct income information and the required supporting documentation. Application without precise and reliable information will be regarded as incomplete and will not be considered.

Father / Stepfather	Surname			First names				
Marital Status	Divorced/Separated		Married	Never Married	Deceased	Widowed		
Employed	Yes		No	Pensioner	Yes	No		
Occupation								
Total income (salary, wages, pension) per month R	(Please provide proof of income or lack thereof by attaching relevant documentation)							
Mother / Stepmother	Surname			First names				
Marital Status	Divorced/Separated		Married	Never Married	Deceased	Widowed		
Employed	Yes		No	Pensioner	Yes	No		
Occupation								
Total income (salary, wages, pension) per month R	(Please provide proof of income or lack thereof by attaching relevant documentation)							
Legal Guardian (Not Mentioned Above)	Surname			First names				
Marital Status	Divorced/Separated		Married	Never Married	Deceased	Widowed		
Employed?	Yes		No	Pensioner	Yes	No		
Occupation								
Total income (salary, wages, pension) per month R	(Please provide proof of income or lack thereof by attaching relevant documentation)							

Other members of your family who are living at your home but not mentioned above.

Name <i>(use additional page if needed)</i>	Relationship <i>(e.g. brother, grandparent)</i>	Category <i>(child, student, adult)</i>	Income <i>(rand value per month)</i>	Types of income <i>(wages, grant, pension)</i>

Please provide proof of income of lack thereof by attaching relevant documentation.

Section 4: Testimonial by education official

I, the undersigned, testify as follows concerning the bursary applicant:

Academic potential of applicant

Personality and leadership qualities

I recommend this applicant for a bursary because

This testimonial was given by me, the undersigned, in my capacity as

Of the school/ college/ technikon/ university (name)

I can be contacted at the following telephone/ cell number

Surname and initials in block letters

Signature

Date

Official stamp

Section 5: Testimonials by a community leader¹

I, the undersigned, testify as follows concerning the bursary applicant whom I have known for (number) of year(s)

Describe the applicant's home circumstances

Describe in detail the applicant's involvement and participation in the activities of your organization/ community

I recommend this applicant for a bursary because

