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SAALÉD

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Bursary Application Form

CONTACT DETAILS

First Name	
Surname	
ID Number	
Postal Address	
	Postal code
Physical Address	
	Postal code
Telephone (h)	
Telephone (w)	
Fax (h)	
Fax (w)	
Cell Phone	
Email	

Proposed Training Institution

Institution	
Postal Address	
	Postal code
Your address while studying	
	Postal code
Telephone (h)	
Telephone (w)	
Fax (h)	
Fax (w)	
Cell Phone	
Email	
Course you attend doing	

Present School / Institution

School/Institution	
Postal Address	
	Postal code
Physical Address	
	Postal code
Telephone (h)	
Telephone (w)	
Fax (h)	
Fax (w)	
Cell Phone	
Email	
Your position	
Your Salary	

Qualifications

1. Matric (*Please attach certified copy of Matric Certificate*)

School / Institution	Year completed

2. Diploma/s and/or Certificate/s (*Please attach certified copies of qualifications*)

Qualification	Institution	Years (for e.g. 2000-2003)

3. Degree/s (*Please attach certified copies of qualifications*)

Qualification	Institution	Years (for e.g. 2000-2003)

4. Post-graduate qualifications (*Please attach certified copies of qualifications*)

Qualification	Institution	Years (for e.g. 2000-2003)

Work Experience

Workplace	Position held	Dates of employment

Additional Information

Is there anything you wish to know?

What are your reasons for requesting financial assistance?

Have you applied for other loans/bursaries?

What has been the result of your application?

What is your motivation for working with learners who have special needs?

Please elaborate on your involvement to date with these learners

References

References that we can contact in connection with your competency and interest in Specialised Education

Name	Address	Contact Details

Signature of Applicant

Name in Block Letters

Date