

2024 BURSARY APPLICATION FORM

This application is for **current or prospective students** who wish to apply for a Bursary to study with Milpark Education

Please submit completed application to bursaries@milpark.ac.za

IMPORTANT INSTRUCTIONS FOR APPLICATION:

- 1. Please ensure that you have read the **form**, the **policy**, and the **conditions** carefully before submitting your application for consideration.
- 2. Write neatly and clearly and answer all the questions as required. Incomplete or illegible submissions will not be considered.
- 3. Be sure to obtain all signatures and addenda prior to submitting this document:
 - a. A *certified* electronic copy of your National Senior Certificate, Certificate, degree, other qualification/s, or most recent academic transcript as relevant. Please refer to Milpark's admission requirements for the qualification for which you intend to study and submit the required documentation.
 - b. A certified electronic copy of your valid South African ID. Please note that bursaries are only available to South African citizens.
 - c. A **letter of recommendation** from a person suitably qualified and able to comment on your academic ability, your commitment to your studies and so on. Letters from family members **will not be accepted**.
- 4. Completed forms and all attachments should be emailed to bursaries@milpark.ac.za.
 - If you are applying for a bursary to register for modules in February 2024 your application must be received by no later than 30 November 2023. Feedback on applications for registration in February 2024 will be provided by 31 January 2024.
 - You are advised to keep a copy for your own records. Late applications will not be considered.
- 5. Please note that submitting this bursary application is no guarantee that you will be awarded a bursary.
- 6. This application form consists of **FIVE** pages, including this page.

APPLICATION CLOSING DATE: 30 NOVEMBER 2023

| ERSONAL DETAILS: | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|-------------|---------------|--------|--------|-------|------|--------|---------|---------|--------------|-------|--------|-------|------|--------|------|------|-------|-------|------|-----|--|---|
| Milpark student number | М | 1 | 0 | | | | | | | | | | | | | | | | | | | | | |
| Surname | | | | | | | | | | | | | | | | | | | | | | | | |
| First name(s) | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of Birth | | | | | | | | | | | | | | | | | | | | | | | | |
| SA 13-digit ID Number | | | | | | | | | | | | | | | | | | | | | | | | |
| SA Citizen | | | | | | | | | | | | | | | | | | | | | | | | |
| Gender | | Ma | le: | | Fen | nale: | |] | | | | | | | | | | | | | | | | |
| Race | | | | | | | | | | | | | | | | | | | | | | | | |
| Contact telephone number | | | | | | | | | | | | | | | | | | | | | | | | |
| Email address | | | | | | | | | | | | | | | | | | | | | | | | |
| Are you disabled? | | Υ | ES | | | NO | | | | | · | | | · | | | | | | · | | | | |
| | | If <u>Y</u> | ES , c | lescri | be tl | ne na | ture | of yo | our di | sabili | ty? P | lease | e subi | mit f | forn | nal ev | ride | nce | in th | nis r | ega | rd. | | |
| Confirm that your disability evidence is attached | | | ES, c | lescri | be th | ne na | ture | of yo | our di | sabili | ty? P | lease | e subi | mit f | forn | nal ev | ride | nce | in th | nis r | rega | rd. | | _ |
| evidence is attached | | | | lescri | be th | ne na | ture | of yo | our di | sabili | ty? P | lease | e subi | mit f | forn | nal ev | ride | nce | in th | nis r | rega | rd. | | _ |
| evidence is attached | | | | lescri | be th | ne na | ture | of yo | our di | sabili | ty? P | lease | e subi | mit f | forn | nal ev | ride | ence | in th | nis r | rega | rd. | | |
| evidence is attached DDRESS DETAILS: | | | | lescri | be th | ne na | ture | of yo | our di | sabili | ty? P | lease | e subi | mit f | form | nal ev | ride | ence | in th | nis r | rega | rd. | | |
| evidence is attached DDRESS DETAILS: | | | | lescri | be th | ne na | ture | of yo | our di | sabili | ty? P | lease | e subr | mit f | form | nal ev | ride | ence | in th | nis r | rega | rd. | | |
| evidence is attached DDRESS DETAILS: | | | | lescri | be th | ne na | ture | of ye | our di | sabili | ty? P | lease | e subi | mit f | form | nal ev | ride | ence | | | Cod | | | |
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| evidence is attached ADDRESS DETAILS: Residential address: | | | | lescri | be the | ne na | ture | of you | our di | sabilii | ty? P | lease | e subi | mit 1 | forn | nal ev | ride | ence | | | | | | |
| evidence is attached ADDRESS DETAILS: Residential address: | | | | lescri | be the | ne na | ture | of you | our dis | sabili | ety? P | lease | e subi | mit 1 | forn | nal ev | ride | ence | | | | | | |

YES NO Do you have matric? (Complete SECTION A only) Complete **SECTION B** only) **SECTION A:** Please list your subjects below and the result achieved for each: Subject name Senior Certificate 2008 and earlier National Senior Certificate 2009 onwards HG /SG /LG Symbol Symbol Percentage **SECTION B:** Are you in Grade 12 now?* YES NO Name of School: Address of School: Postal Code: Please list your **Grade 11 final results** and include a certified copy of the results: Subject name Symbol Percentage *Please note that the final decision on the outcome of your application will **NOT** be made before NSC results are received. Applicants will be shortlisted based on Grade 11 results until such time as NSC results are received. ACADEMIC INFORMATION: Complete if you are applying for a bursary for a *postgraduate* programme PLEASE NOTE THAT BURSARIES FOR POSTGRADUATE STUDIES ARE AWARDED TO A LIMITED NUMBER OF CANDIDATES Highest qualification obtained Degree / diploma? Name of awarding institution Please list the major subject/s: Subject name: Result obtained:

ACADEMIC INFORMATION: Complete if you are applying for a bursary for a *undergraduate* programme

| Please list any other subjects you | Subject name: | Result obtained: |
|--|--|----------------------------|
| think may be relevant to this application | | |
| аррисацоп | | |
| | | |
| Provide details of any other education you have that may be of relevance to this application | | |
| If your academic record displays incomplete studies, please explain the circumstances that led to this | | |
| MILPARK QUALIFICATION: Inf | ormation about the Milpark programme you would like to stud | dy |
| For which Milpark qualification do you wish to make application? | | |
| For which study mode do you wish to apply? | Distance Learning (DL) Distance Learning Online (DLO) | |
| For which modules do you intend | Semester 1 - Module Name: | Module Code: |
| to register in Semester 1, 2023 and Semester 2, 2023. Please provide the module names and | | |
| codes. Applicants are required to | | |
| attach an approved CRM quote | Semester 2 - Module Name: | Module Code: |
| from Milpark stating the modules and module costs for both | | |
| semesters of 2023. Your | | |
| application will not be considered | | |
| without this. | | |
| Confirm that your approved CRM quote is attached. | YES | |
| Are you receiving any form of financial support? This includes employment, parents or spousal | YES NO Solution NO Solution NO NO Solution | |
| support, employer support, bank loans, etc. | | |
| Do you live with parents / | YES NO | |
| guardians? Do you own your own home? | YES NO | |
| | | |
| Are you currently employed in any capacity? | YES NO If YES, please provide the following information relating to your employment and payslip. | attach proof thereof, e.g. |
| Name of employer: | | |
| Job title: Net monthly earnings: | | |
| | | |
| Confirm that your proof of earnings is attached, e.g., payslip | YES | |

| MILPARK QUALIFICATION: Inf | ormation about the Milpark programme you would like to study |
|---|---|
| As Milpark's bursary does not cover the full cost of your studies with Milpark, you will remain liable for the balance of the fees. Do you understand this? | YES NO |
| How will you ensure that you are able to pay the remaining balance of the fees owing? | |
| | um 1-1.5 pages) for why, in your view, Milpark Education should award you a bursary. In what way will u to achieve your goals? Is there anything in particular that we should know about you that is relevant to your tivation along with this application. |
| Confirm that your motivation is attached | YES |
| OTHER INFORMATION: Please Are you related to any employee of Milpark Education (past or present)? For example, your cousin, sister, brother, spouse, mother-in-law, etc. | e answer the following: YES NO NO |
| If you answered yes , then please indicate your family member's name: | |
| Family members employment dates with Milpark (if current, please state so): | Start date: End date: |
| Are you related to any employee of a company that supplies services to Milpark? For example, a printer, caterer, accounting company, etc. | YES NO NO |
| If you answered yes , then please indicate your family member's name: | |
| And the company's name: | |

VERY IMPORTANT:

Please note that you will not be prohibited from applying for a bursary on the grounds of your relationship to an employee of Milpark or one of its suppliers.

However, if you do not declare this information in this application and this subsequently becomes known, you may lose the bursary awarded to you and face disciplinary and or criminal charges, as appropriate.

| Please attach a signed, original should provide comment on you appropriate. | | | | | | | | | | | | | | | | ou as | sk |
|--|-------|-------|-------|----------------|------|---|---------|------|------|--|--|--|--|--|--|-------|----|
| Confirm that your letter recommendation is attach | | YES | | | | | | | | | | | | | | | |
| Please complete the following in | n res | spect | of yo | ur re f | eree | : | | | | | | | | | | | |
| Name | | | | | | | | | | | | | | | | | |
| Surname | | | | | | | | | | | | | | | | | |
| Title | | | | | | | | | | | | | | | | | |
| Telephone Number | | | | | | | | | | | | | | | | | |
| Email Address | | | | | | | | | | | | | | | | | |
| Briefly describe how you know your referee | | | | | | | | | | | | | | | | | |
| DECLARATION: I | | | | | | | Da | | | | | | | | | | ne |
| Witness 1: | | | | | | | Wit | ness | 2: _ | | | | | | | | |
| Signed: Dated: | | | | | | | | ned: | | | | | | | | | |

Note: Personal information provided here will be used for the purpose of processing and actioning this application and in accordance with the Student Privacy Notice available via the student portal (https://my.milpark.ac.za/home/default)

LETTER OF RECOMMENDATION: