

# SPEBS

SAICE Patrons' Engineering Bursary Scheme

## APPLICATION FORM

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### STUDENT'S DETAILS

Surname: \_\_\_\_\_

First names: \_\_\_\_\_

ID Number: \_\_\_\_\_

**IMPORTANT! PLEASE ATTACH A CERTIFIED COPY OF THE FIRST PAGE OF YOUR IDENTITY DOCUMENT**

Postal address and telephone number during study term for communication purposes:

Home address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Province: \_\_\_\_\_

Province: \_\_\_\_\_

Telephone: \_\_\_\_\_

Telephone: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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### PARENTS' / GUARDIANS' DETAILS

Title, initials, surname: \_\_\_\_\_

Relationship: \_\_\_\_\_

Occupation: \_\_\_\_\_

Telephone no at work: \_\_\_\_\_

ID Number: \_\_\_\_\_

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*please turn over*

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## TERTIARY EDUCATION

**Tertiary Institution:** \_\_\_\_\_

**Campus:** \_\_\_\_\_

**Please indicate current study level:**

Degree: \_\_\_\_\_ Diploma: \_\_\_\_\_

**Please indicate study level for which bursary is required:**

Degree: \_\_\_\_\_ Diploma: \_\_\_\_\_

**In the case of Diploma students, please indicate whether you have completed your P1 and P2 as well as in which year:**

**P1 :** \_\_\_\_\_ **P2:** \_\_\_\_\_

***IMPORTANT! PLEASE ATTACH A CERTIFIED PRINTOUT OF YOUR FULL ACADEMIC RECORD, FROM THE DATE OF FIRST REGISTRATION AT THE TERTIARY INSTITUTION CONCERNED, UNTIL YOUR MOST RECENT EXAMINATION, INCLUDING THIS SEMESTER'S RESULTS!***

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## FINANCIAL INFORMATION

Will you be receiving financial assistance from any other source e.g. a bursary or loan? If so, please supply us with the relevant details:

Source: \_\_\_\_\_

Amount: \_\_\_\_\_

Conditions: \_\_\_\_\_

Any other information that you feel could be relevant to your financial situation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Applicant's signature: \_\_\_\_\_

Date: \_\_\_\_\_

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**CLOSING DATES FOR APPLICATIONS:** For first semester: 31 January  
For second semester: 31 July

**Post applications to:** SAICE – SPEBS Desk  
Private Bag X200  
HALFWAY HOUSE  
1685

**TELEPHONE:** 011 805 5947 (Office Hours) **FAX:** 011 805 5971

**E-MAIL:** [dsiebritz@saice.org.za](mailto:dsiebritz@saice.org.za) **CONTACT PERSON:** Denver Siebritz