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## BURSARY APPLICATION FORM 2019-2020

| FULLTIME BURSARY APPLICATION FORM           |           |   |                       |          |                                   |  |  |
|---|-----------|---|-----------------------|----------|-----------------------------------|--|--|
|   | AP        | PLICANT'S   | INF                   | ORMATION | V                                 |  |  |
| Surname & Name:                             |           |   |                       | Gender:  |                                   |  |  |
| Date of birth:                              | Mobile:   |   | E-mail:               |          |                                   |  |  |
| Current Residential Address                 |           |   |                       |          |                                   |  |  |
| City/ Town                                  | Province: |   |                       |          |                                   | Postal Code:   |  |
| Home address :                              |           |   |                       |          |                                   |  |  |
| Country of Birth: ID Number:                |           |   |                       |          |                                   |  |  |
| Driver's license: YES / NO 4 x 4 driving ce |           | driving certific                                    | certificate: YES / NO |          | Attach recently certified ID Copy |  |  |
| HIGH SCHOOL EDUCATION                       |           |   |                       |          |                                   |  |  |
| Name of High School:                        |           |   |                       |          |                                   |  |  |
| School Address:                             |           |   |                       |          |                                   |  |  |
| Tel: E-mail:                                |           | E-mail:   |                       |          |                                   |  |  |
| City/Town                                   |           | Province:   |                       | P        |                                   | stal Code:   |  |
| Mathematics: Comp Level:                    |           | Physical Science:<br>Level:                         |                       |          |                                   | Attach recently certified Grade 11 or 12 Certificate |  |
| INSTITUTION OF HIGHER LEARNING EDUCATION    |           |   |                       |          |                                   |  |  |
| Name of University:                         |           | Student number:                                     |                       |          |                                   |  |  |
| Name of First Degree:                       |           | Year of initial registration at current university: |                       |          |                                   |  |  |



| Current (Year of) study:   | Majors:                    |      |       |         |  |  |  |  |
|--|----------------------------|------|-------|---------|--|--|--|--|
| Name of Residence (UNIVERSITY OR PRIVATE)                        |                            |      |       |         |  |  |  |  |
| Post Grad Degree:  | Specialisation: SEISMOLOGY |      |       |         |  |  |  |  |
|  |                            |      |       |         |  |  |  |  |
| RESEARCH TOPIC (HONOURS, MASTERS & PHD)                          |                            |      |       |         |  |  |  |  |
| Attach recently certified university transcript NOT certificates |                            |      |       |         |  |  |  |  |
| NEXT OF KIN  |                            |      |       |         |  |  |  |  |
| Name of a relative not residing with you:                        |                            |      |       |         |  |  |  |  |
| Relationship: Mobile:  |                            | Tel: |       | E-mail: |  |  |  |  |
| Address:   |                            |      |       |         |  |  |  |  |
| REFERENCES   |                            |      |       |         |  |  |  |  |
| Name   | E-mail                     |      |       | Tel     |  |  |  |  |
| Name:  | Email:                     |      | Tel   |         |  |  |  |  |
| SIGNATURES   |                            |      |       |         |  |  |  |  |
| Signature of applicant:  | Date                       |      |       |         |  |  |  |  |
| Signature of witness:  |                            |      | Date: |         |  |  |  |  |

This form should not be changed or altered; any altered form will lead to automatic disqualification

## Have you attached the following documents?

| Documents            | Please mark |
|----------------------|-------------|
| ID copy              |             |
| Grade 12 certificate |             |
| Academic transcript  |             |

