



## GAUTENG PROVINCE

HEALTH  
REPUBLIC OF SOUTH AFRICA

## 2021 BURSARY APPLICATION FORM NELSON MANDELA FIDEL CASTRO MEDICAL PROGRAMME

### DIRECTIONS TO APPLICANTS:

- No late applications will be accepted after the 25 June 2021 closing date.
- The application form must be completed in block letters.
- Where applicable mark with X.
- Only completed forms will be considered (no faxes or e-mails).
- Applicants must comply with the check list of all supporting documents below to be considered for a bursary.

### ACCOMPANYING DOCUMENTS AND CHECK LIST (ALL COPIES MUST BE RECENTLY CERTIFIED)

- ✓ Two copies of your Identity Documents.
- ✓ Two Copies of your Parents / Guardian Identity Documents.
- ✓ Two Copies of Identity Documents/Birth certificates of dependants.
- ✓ Two copies of your Grade 12 certificate.
- ✓ Two copies of proof of income of parents / guardian (sworn affidavits for those without proof of income).
- ✓ Two copies of proof of residence (utility bill registered in your parents/guardian name – e.g. electricity account).
- ✓ Two copies of CV's and motivations why you should be awarded a bursary.

### PART A: PERSONAL DETAILS

<b>Title:</b>	<b>Surname:</b>				<b>First Name:</b>			
<b>Gender:</b>	Female	Male	<b>Race:</b>	African	Coloured	Indian	White	
<b>Disability:</b>	Yes	No	If yes please specify:					
Identity Number:								
Nationality:	Province:							
Marital Status:	Home Language:							
Residential Address:	Postal Address:							
Postal code:	Postal code:							
Home Tel No:	Other:							
Cell No:								
E-mail:								

**PART B: HIGH SCHOOL DETAILS**

Last School Year:	Name of School:
Highest grade passed:	
<b>Subjects Passed:</b>	<b>Symbols / Levels:</b>

**PART C: INSTITUTION OF HIGHER LEARNING FINANCIAL STATUS**

Are you currently or have you been a recipient of a bursary (Government/Private):	Yes	No
	If yes - Name of the bursary:	
When did the bursary obligation expire:		
Do you / have you received a study loan	Yes	No
If yes- Name of the loan and Institution:		
Value of the loan:	Contract period of the loan:	

**PART D: PARENT / GUARDIAN DETAILS****Name and Surname:**

Home Tel No.:

Work Tel No.:

Cell No.:

E-mail:

Residential Address:

Postal code:

Relationship:

**PART E: PARENT / GUARDIAN FINANCIAL STATUS**

Mother Job Title:

Monthly Income: R

Father Job Title:

Monthly Income: R

Guardian Job Title:

Monthly Income: R

**Total Parents / Guardian combined income per annum:****R**

Number of Dependants:

Not Studying:

At  
Tertiary:At  
School:**PART F: DECLARATION**

I declare that the above information provided is correct. In the event that I am provided with a bursary I will abide by the regulation of the Gauteng Department of Health's Bursary Scheme.

**Applicants signature:**

Date:

**Parent / Guardian signature:**

Date: