

Vaal River City, the Cradle of Human Rights



2026



1	PERSONAL INFORMATION					
Surname						
First Name						
Date of Birth						
Identity Number						
Gender						
Population Group	African Coloured Indian White					
Disability						
Home Language						
Marital Status						
Home Address						
Postal Code						
Cellular Number	Telephone Number (H)					
Email Address	Fax Number					
2	PARTICULARS OF FATHER / MOTHER / GUARDIAN					
Name and Surnam	ie –					
Title (e.g. Mr./Miss	Title (e.g. Mr./Miss)					
Employer Physical	Employer Physical					
Address						
Postal Code						
Telephone Number	Cellular Number					
3	ACADEMIC RECORD					
Academic year (Hi	gh School)					
Highest Grade Pas	sed					
Name of Education	nal Institution					
Subject passed	Results					

Other Studies (If applicable)								
Year of study		Course Completed						
Name of Institution								
PARTICULARS OF PROPOSED STUDY								
Name of Institution								
Institution Address								
Code								
Campus	(e.g. UJ Soweto Campus)							
Student Number	(If applicable)							
Intended qualification	(tick appropriate box) Degree Diploma							
Intended field of study	(e.g. BCom)							
Course of study	(e.g. Financial Accounting)							
Year of study	(e.g. 2026)							
Year to complete study	(e.g. 2029)							
Years of study	(e.g. 3-4 years	;)						
5A	DECLAF	RATION OF HOUSE	HOLD INCOM	ЛЕ				
Contact details of Paren	t/Guardian (Tel)		(Other				
Is your Parent/Guardian	employed	1. FATHER YES	NO	2. MOTHER YES[NO			
If YES, please state the name of the company/ies 1. FATHER								
		2. MO	OTHER	1				
Address of company/ies	s: 1. FATHER	2. MOTHER						
Tel: 1. FATHER	2. MOTHER							
Salary per annum	1. FATHER		per mo	onth	per week			
	2. MOTHER		per mo	onth	per week			
(Please attach proof of income, eg pay slip)(If both parents are employed, submit both pay slips and employment details)								
If NO, state means of income:								
Does the Parent/Guardian have other dependants YES NO No of dependants:								
Dependants in school Senior Citizens Other								
CONFIRMATION OF FAMILIES REGISTERED INDIGENT STATUS (Please attach proof)								

6 FURTHER PARTICULARS						
Describe your general condition of health						
Expl	lain briefly your reason for selecting the course you are presently follo	wing or wish to follow				
7	DECLARATION					
I hereby declare that details contained in this application form are true and correct.						
Signature of applicant						
Date	е					
Sigr	nature of Parent or Guardian					
Date	е					
8	CHEKLIST - Please attach proof of Midyear results and other	related documents.				
NB! No applications will be considered if not accompanied by all required documentation.						
Req	uired documents	Tick				
1.	Application form completed in full with signatures	Yes N/A				
2.	Certified identity document	Yes N/A				
3. Proof of application/ admission to the relevant study institution		Yes N/A				
	of Higher Education and Training with projected study duration, course scope and tuition costs					
4.	Certified copy of Emfuleni Local Municipality's Utility Bill	Yes N/A				
5.	Certified copies of both parents' salary slip	Yes N/A				
6. In the case of parents / guardian not working original affidavit		Yes N/A				
٥.	(South African Police Services) declaring as such	.55				
7.	Certified copy of Midyear results	Yes N/A				
8.	Testimonial letter from high school where the applicant matriculated	Yes N/A				

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