



INTERNAL BURSARY APPLICATION FORM

Please Print when completing this form. Mark appropriate blocks with an "X" where necessary, Failure to complete this application form fully and correctly may prejudice the applicant's chances of obtaining a bursary.

Email completed Bursary application form to hr@namc.co.za or drop it in the HR Offices

**CLOSING DATE: 30 SEPTEMBER 2019
FOR 2020 STUDIES**

1. PERSONAL PARTICULARS

Surname: _____ Title _____

First Names: _____

Date of Birth: _____

Identity Number: _____

Postal Address:

Physical Address:

Telephone Number:

Cell Number :

E-mail address:

Alternative Number: _____

Race: **Black /Coloured/Indian/ White**

Disability:

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Gender: _____

DIVISION _____

2. BURSARY HISTORY

Have you previously received a Bursary from NAMC? **YES/NO**

If yes – until which year, and kindly attach the results? _____

Were you previously a recipient of another bursary from other organisation? **YES/NO**

If the answer is yes please indicate the name of the organisation and indicate whether all the obligations have been fulfilled. _____

3. INSTITUTION THE BURSARY APPLIED STUDIED TO

Name of the accredited tertiary institution of which you intend to studying

Name of the Qualification which you are applying for

Number of years you intend studying for _____

Indicate the Major Courses of the Above Mentioned Qualification.

4. HIGHEST QUALIFICATIONS

Name of Institutions	Degree/Diploma	Year Completed

I declare that the above particulars are true and correct and understand that any false or incomplete information may constitute grounds to cancel the bursary immediately.

Signature of Applicant

Date