



# INTERNAL BURSARY APPLICATION FORM

Please complete the 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 [hrrecruitment@namc.co.za](mailto:hrrecruitment@namc.co.za)

**CLOSING DATE: 10 AUGUST 2023  
FOR 2024 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