

Office use only
Date: _____
Time: _____

APPLICATION FOR IDA MANANA SIYILA SCHOLARSHIP

General instructions:

1. Please ensure that all the required information is incorporated in this form. You will not be considered for funding if your form is incomplete. You will also not receive an opportunity to complete your form.
2. Kindly ensure that all the documents required are attached to this form.
3. Please note that by submitting this form there is no guarantee that you will receive funding.
4. Successful students will be informed of confirmation from the funder was received.
5. Please submit your form to the following email address: MacHeuTD@ufs.ac.za (051 401 2207). Please ensure that you save all your documents with the complete form as one PDF document when sending the email.
6. Closing date: **24 February 2022**

Date of application: _____

Name and surname of student: _____

Student number: _____

Identity number of student: _____

Address of student: _____

Address of parents / guardians: _____

Contact number: _____

E mail address: _____

Total Family Income (**please attach certified proof of income not older than 3 months**):

Father's Income : _____ gross per month

Mother's Income : _____ gross per month

Guardian's Income : _____ gross per month

Registered course description: _____

(Please attached your latest academic record)

I, _____ (student name and surname), hereby give consent to Financial Aid to share my information with possible donors.

I warrant and declare that all the information that I have provided in this document is true and correct.

Signature of student: _____