



UNIVERSITY OF VENDA

Student No.						
Surname:						
Int:						
Date returned:						
Application Year: 2010						

The information supplied in this application form will be treated with high confidentiality.

APPLICATION FOR FINANCIAL ASSISTANCE

PLEASE READ AND ADHERE TO THE FOLLOWING INSTRUCTIONS:

- 1 Complete this form correctly, accurately and in full and answer (all questions where applicable) 2
Mark only the appropriate answer with an X
- 3 Attach the following required documents:-
 - Certified ID copy of the student/mother/father/guardian/wife/husband
 - ID copies/birth certificates/letters from schools of all dependants and if any of the dependants is attending at other tertiary institutions attach proof of registration.
 - Original/certified copy of pay-slips/pension slips for both parents/guardian/spouse (these should not be older than three (3) months)
 - If parents/guardian/spouse is self-employed, attach a copy of the latest financial statements/-sworn affidavits specifying income amount they earn per month
 - If parents are separated and both have income attach their proof of income and an official letter from the social worker/religious/traditional leader/ Counselor confirming their separation .
 - If parents are unemployed, attach sworn affidavits accompanied by a report from a social worker, religious or traditional leader/ Counselor specifying their financial means of survival and an income amount used for survival must be specified on the affidavit
 - If you are currently working attach proof of income
 - If parents are divorced, attach a copy of the decree of divorce
 - In the case of deceased parents, attach certified death certificates
- 4 Please note that incomplete applications will not be accepted and false information will lead to an immediate disqualification of a successful application
- 5 Completed application forms must be forwarded to:-

POST:
Director: Financial Management & Planning
University of Venda
Private Bag x 5050
Thohoyandou
O950

HAND DELIVERY
Financial Aid Office
Old Admin Building
University of Venda
Thohoyandou
Office no 10

CLOSING DATE FOR SUBMISSION

Returning students: **30 November 2009**

First year students and returning students who were not registered in 2009: **31 March 2010**

NB: No application shall be accepted after the closing date

FOR OFFICE USE ONLY

CAPTURED	SURNAME	INT	DATE	SIGNATURE
FBLO				
FBLN				

APPLICATION FOR FINANCIAL AID 2010

SECTION A1 : PERSONAL DETAILS OF APPLICANT										
Title:	Surname :					Initials				
First Names:										
Identity No.										
Course and year of study (e.g. BA 1)										
Home Postal Address:										
								Code		
Home Residential Address:										
								Code		
Home Telephone No.										
								Cell No:		
Address While Studying:										
								Code		
Tel While Studying:										
								Cell No:		
Residence:			Private		Home Owned		University Residence			
Marital status			Single		Married		Divorced		Widowed	

SECTION A2: FINANCIAL DETAILS OF APPLICANT									
SPOUSE'S FINANCIAL DETAILS (ONLY IF MARRIED - PROOF OF MARRIAGE & INCOME MUST BE SUBMITTED)									
Name of Spouse									
Spouse's Id Number									
Is your spouse Employed			Pensioner		Unemployed		Self Employed		
If Employed Name of Employer									
Employer's Tel No.					Cell No:				
Spouse's Job Title (e.g. Teacher, etc)									
If Self Employed Kind of Business							Income		
Other Income Type					Amount				
Applicant's Total Monthly Income R.....									

APPLICANT'S FINANCIAL DETAILS (Proof of income must be submitted)									
Are you supporting yourself financially					Yes		No		
If Yes Name of Employer									
Employer's Tel No.					Cell No:				
Job Title (e.g. Teacher, Domestic worker etc)									
Have you ever been sponsored by a Bursary/Loan					Yes		No		
Are you subject to administrative order in terms of -					Yes		No		
Section 74 (1) of the Magistrates Courts Act 32 of 1994?									
Have you been declared mentally unfit by any Court?					Yes		No		
Spouse's Total Monthly Income R.....									

TOTAL MONTHLY INCOME (applicant's and spouse's combined income) R.....									
---	--	--	--	--	--	--	--	--	--

SECTION B : PERSONAL AND FINANCIAL DETAILS OF PARENTS/GUARDIANS**SECTION B1 : FATHER ((Proof of income and certified ID copy must be submitted)**

Title		Surname		Initials	
First Names:					
Identity No.					
Marital status	Single	Married	Divorced	Widow/Widower	
Income Status	Employed	Self Employed	Pensioner	Unemployed	
Tel Number	Home	Work:	Cell No		
If Employed, Name of Employer			Monthly Income		
If Self Employed Kind of Business			Monthly Income		
Other Income	Income Type		Monthly Income		
Father's Total Monthly Income R.....					

SECTION B2 : MOTHER ((Proof of income and certified ID copy must be submitted)

Title		Surname		Initials	
First Names:					
Identity No.					
Marital status	Single	Married	Divorced	Widow/Widower	
Income Status	Employed	Self Employed	Pensioner	Unemployed	
Tel Number	Home	Work:	Cell No		
If Employed, Name of Employer			Monthly Income		
If Self Employed Kind of Business			Monthly Income		
Other Income	Income Type		Monthly Income		
Mother's Total Monthly Income R.....					

SECTION B3 : LEGAL GUARDIAN ((Proof of income and certified ID copy must be submitted)

Title		Surname		Initials	
First Names:					
Identity No.					
Marital status	Single	Married	Divorced	Widow/Widower	
Income Status	Employed	Self Employed	Pensioner	Unemployed	
Tel Number	Home	Work:	Cell No		
If Employed, Name of Employer			Monthly Income		
If Self Employed Kind of Business			Monthly Income		
Other Income	Income Type		Monthly Income		
Legal Guardian's Total Monthly Income R.....					

TOTAL MONTHLY INCOME (Father's, Mother's and or legal guardian's combined income) R.....
