

**UNIVERSITY OF THE FREE STATE
UNIVERSITEIT VAN DIE VRYSTAAT
YUNIVESITHI YA FREISTATA**

BLOEMFONTEIN:

PO BOX 339 BLOEMFONTEIN 9300

QWAQWA:

PRIVATE BAG X13 PHUTHADITJHABA 9866

(For office use) Date application received: _____ Signature: _____

APPLICATION FOR A MONITORING COMMITTEE BURSARY 2020

CLOSING DATE: 07 FEBRUARY 2020

(Applications must be submitted at the Financial Aid Offices. Applications received after the above-mentioned closing date will not be considered.)

APPLICANT/STUDENT INFORMATION

STUDENT NUMBER:

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TITLE: _____ SURNAME: _____ INITIALS: _____

COURSE OF STUDY e.g. B.A _____

CONTACT NO.: _____

CAMPUS WHERE YOU INTEND TO STUDY

BLOEMFONTEIN

QWAQWA

WHERE DO YOU INTEND TO STAY WHILE STUDYING?

ON CAMPUS

OFF CAMPUS

APPLICATION FOR:

FINAL YEAR

STUDENT LEADER

BOTH

Please complete attached declaration if final year. The attached consent form is also compulsory for all applicants.

VERY IMPORTANT

Available only for undergraduate final-year students and/or student leaders.

REQUIREMENTS FOR FINAL-YEAR STUDENTS:

1. The attached final year declaration must be signed by the Faculty/SAS as confirmation that the student will be in the final year of undergraduate studies.
2. Loan debt not exceeding R180 000.00
3. Financially needy (The attached consent form must be completed for 3rd party income verification)
4. Academically deserving (NSFAS requirements)

REQUIREMENTS FOR STUDENT LEADERS (not necessarily final-year students):

1. Members of the Student Representative Council, residence committee members or sub-wardens
2. Loan debt not exceeding R180 000.00
3. Financially needy (The attached consent form must be completed for 3rd party income verification)
4. Academically deserving (NSFAS requirements)

CONDITIONS

1. The Monitoring bursary will not cover any fees for the current year of study. This funding will only cover outstanding fees from the previous year of study.
2. Only one Monitoring Committee bursary can be granted during an academic career.

I, (name and surname of applicant) _____ declare that the particulars provided above are true and correct.

Date: _____ Signature of applicant: _____

DECLARATION - FINAL YEAR STUDENT 2020

Funds might not be available in the second semester so please REGISTER for ALL your MODULES in the BEGINNING OF THE YEAR

I initials _____, surname _____ student no _____

hereby declare that I will be a **final year undergraduate student** during 2020 for the following

qualification _____ (e.g B.Com).

I intend to register for the following modules during 2020:

_____ (e.g ENG 314)	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

I take note of the fact that if the above-mentioned information is incorrect or could not be verified by the Faculty and/or the Student Records section I will not be considered for a bursary from the Final Year Fund.

I hereby confirm that I understand the above-mentioned and that the information given is true.

ID NUMBER

DATE

FOR OFFICE USE: STUDENT RECORDS

I hereby confirm that the above-mentioned information as supplied by the student is correct.

The student,

WILL OBTAIN

WILL NOT OBTAIN

His/her degree during 2020 if he/she passes all the modules as stipulated.

SIGNATURE (STAFF MEMBER)

FULL NAME AND SURNAME (STAFF MEMBER)

DATE _____

FACULTY STAMP

CONSENT FOR DISCLOSURE OF PERSONAL INFORMATION IN TERMS OF THE PROTECTION OF PERSONAL INFORMATION ACT 4 OF 2013

Student name and surname:	
Student number:	
Student ID number:	

I, the undersigned, hereby acknowledge that the University of the Free State holds and otherwise processes my personal information (as contemplated in the Protection of Personal Information Act 4 of 2013), which information may include, but is not limited to my personal, identifying, contact, residential, financial, biometric, correspondence, criminal, educational, academic employment and behavioural information, as well as any assessments, evaluations and interpretations in respect of any of the aforesaid ("**Personal Information**").

I, the undersigned, hereby freely and voluntarily consent to the disclosure of my Personal Information, as the relevant context may require, to the following persons:

Person	Yes	No
Parent / legal guardian		
Funders / bursars / potential financial aid donors		
Private accommodation service providers (landlords / lessors)		
Third parties who will assist the University with verifying of household income.		

I, the undersigned, hereby confirm that I understand the nature and extent of the consent described and granted herein and further confirm that I intend to be bound fully by the aforesaid consent, in confirmation of which I do hereby duly sign and attest to this document.