

Physical Address
Umzimvubu Goats
Complex
Hospital Road
4735

Private Bag X 511
Mount Ayliff
South Africa
4735

Tel Number
+27 394 920 011
Fax Number
+27 866 833 718

Better District, Better Life and Growth for all.

www.anda.org.za



Alfred Nzo Development Agency SOC Ltd
Reg nr: 2008/009093/30

ANDA EXTERNAL BURSARY APPLICATION FORM FULL TIME STUDIES

INSTRUCTIONS REGARDING THIS BURSARY FORM

- Use block letters to complete the Application form
- Give concise answers and where applicable mark with X
- Attach certified copies of the following:
 - Identity document
 - Grade 12 certificate or latest results for current grade 12 learners
 - Acceptance letter from recognized tertiary institution
 - Motivation letter (section 4 of the application form)
 - Proof of income
 - Proof of residence from ward Councilor

Where did you hear about the Bursary?

Newspaper	Online	Friend	Facebook	Other (please specify)

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1.PARTICULARS OF APPLICANTS				
Surname:				
First Names:				
Identity number:				
Date of birth:				
Gender :	Female		Male	
Race:	African	Coloured	Indian	white
Disability:	Yes	No	If yes please specify the nature of disability	
Cell phone no:		Alternative cell no:		
Home Tel no:		Fax no:		
Email Address:				
Postal Address:		Physical Address:		

2.PARTICULARS OF APPLICANTS			
NB: please attach certified copies of latest grade 12 results, grade 12 certificate, and or tertiary results and academic record			
What are doing this year:	Grade 12	Full-time tertiary studies	Gap year
Highest educational qualification obtained:			
Name of the school you are currently attending Or where you completed grade 12:			
Name of tertiary institution you are currently registered at if you have commenced your tertiary studies			

Proposed programme for 2021

First year students 2021	
First choice:	
Institution:	Campus:
Second choice	
Institution	Campus:
Second year students 2021	
Name of the qualification:	
Institution:	Campus:

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Student number:
Attach a certified copy of your latest results and academic record

3. DETAILS OF PARENTS/LEGAL GUARDIAN AND FAMILY (LIVING WITH YOU)

Attach a proof of income: payslip, grant receipt etc.

Surname :		First names:				
Relationship:	Father	Mother	Legal Guardian	Other , specify		
Marital status:	Married	Divorced	Separated	Unmarried	Deceased	Widowed
Employed :	yes	No	Pensioner	yes	no	
Surname:		First names:				
Relationship	Father	Mother	Legal Guardian	Other, specify		
Marital status:	Married	Divorced	Separated	Unmarried	Deceased	Widowed
Employed :	yes	No	Pensioner	yes	no	
Surname:		First names:				
Relationship	Father	Mother	Legal Guardian	Other , specify		
Marital status:	Married	Divorced	Separated	Unmarried	Deceased	Widowed
Employed :	yes	No	Pensioner	yes	no	

Other members of your family who are living at your home not mentioned above

Name	Relationship (brother, grandparent)	category (child, student Adult)	income (per month)	type of income (wages, grant pension)

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