



## SCHOLARSHIP APPLICATION FORM FOR FULL-TIME STUDY

### Instructions

- Use block letters to complete the application form
- Attach certified copies as indicated in G (p.2)
- Give concise answers and where applicable mark with X
- Incomplete or late applications will not be considered
- Applications can be forwarded to: [scholarships2026@dhs.gov.za](mailto:scholarships2026@dhs.gov.za)

### A: PARTICULARS OF THE APPLICANT

Title		Identity number													
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First Names	Surname
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Gender	Male	Race	African	Asian	Coloured	Indian	White
	Female						

Disability	Yes	If yes, please indicate what type of disability it is:
	No	

Nationality	Province	Municipality
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Home Language
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Residential Address	Postal Code
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Cell phone no	Alternative no.
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E-mail Address
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### B: CURRENT STUDIES

Any previous qualification: Yes / No	
Name of qualification:	
Year completed:	

### C: PARTICULARS OF THE DEGREE / DIPLOMA YOU WISH TO RECEIVE THE SCHOLARSHIP

First choice of study e.g. Town and Region Planning	
Second choice of study e.g. Quantity Surveying	
At which Institution do you intend to study	



**D: 1. DETAILS OF PARENT / GUARDIAN / NEXT OF KIN**

Title		Identity number													
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Initial		Surname
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Relationship	Occupation
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Residential Address	Postal Code
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Cell phone no	Tel no.(w)	Tel no.(h)
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**2. DETAILS OF PARENT / GUARDIAN / NEXT OF KIN**

Title		Identity number													
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Initial		Surname
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Relationship	Occupation
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Residential Address	Postal Code
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Cell phone no	Tel no.(w)	Tel no.(h)
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**E: OTHER BURSARIES, SCHOLARSHIP OR DONORS**

If yes, name of bursary	
Do you have a study loan?	
With which establishment do you have a study loan?	
Year obtained:	

**F: MOTIVATE WHY YOU SHOULD BE CONSIDERED FOR THE SCHOLARSHIP**


**G: DOCUMENTATION**

Please attach certified copies of the following (tick off with x):

1) Identity Document	
2) Certified copy of June/ Matric Results	
3) Provisional/ Acceptance Letter from an Institution of Higher Learning	
4) Salary Slip of both Parents or Guardian / Proof of Financial Disadvantaged Status	



## H: DECLARATION

Please note that successful candidates will be expected to sign a bursary contract.

I hereby declare that the information in this application is correct and true in every respect.  
I am aware that failure to provide the correct information will lead to my application being disqualified.  
Therefore, should I be awarded the scholarship, I will abide by the regulations applicable.

Signature of Applicant

1. If still a minor, signature of Parent / Guardian

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Date:

Date:

2. Signature of Parent / Guardian

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Date: