**Note:**

**Closing Date:** **22 January 2016**

**Submission:** Please submit your completed application with supporting documents to: srcassistancefund@uct.ac.za

**Queries:** Should you have any queries, please email srcassistancefund@uct.ac.za or call +27 021 650 5928.

**Information:**

This form is to be completed and submitted electronically. Any information omitted will prejudice the application. Only full and complete applications will be considered. Accurate information is required throughout to assess financial resources available to the applicant. Due to available funds, only applicants from 2nd year of study can be considered. International students are welcome to apply.

Due to limited funds the SRC Assistance Fund may not be able to assists all applicants. The Selection Committee will therefore consider the academic year of study, the academic performance, financial need and amount of fees outstanding of the applicants.

**Please ensure that you include the following documents before submitting your application:**

[ ]  Proof of family income

* If parent(s)/guardian(s) are employed please provide the payslip from their employer.
* If parent(s)/guardian(s) earn commission or investment income please provide their IRP5, IT3(a and/or b) or ITR12 (of the last 2 years).
* If parents(s)/guardian(s) are own or are members a CC / PTY (ltd) and / or sole proprietor please provide IRP5, IT3(a and/or b) or ITR12 (of the last 2 years).
* If parent(s)/guardian(s) receive a pension, SASSA grant(s) or are unemployed please provide sworn affidavit to confirm this.

[ ]  Proof of failure to have secured a commercial loan to fund tuition.

# Personal details

|  |  |
| --- | --- |
| **Title** (optional) | Click here to enter text. |
| **First Name(s)** | Click here to enter text. |
| **Surname** | Click here to enter text. |
| **Student Number** | Click here to enter text. |
| **Permanent Home Address** | Click here to enter text. |
| **Postal Code** | Click here to enter text. |
| **Term Address** | Click here to enter text. |
| **Postal Code** | Click here to enter text. |
| **Telephone Number** | Click here to enter text. |
| **Cell Number** | Click here to enter text. |
| **Email Address** | Click here to enter text. |
| **Race** | [ ]  Black [ ]  Coloured [ ]  Asian [ ]  Indian [ ]  White[ ]  A race not listed: please specify Click here to enter text.[ ]  Do not specify |
| **Gender Identity** | Click here to enter text. |
| **Disabled or Otherly-Abled** | [ ]  Yes Click here to enter text. [ ]  No [ ]  Do not specify Please mention your disability or otherly-abled status, as described by a healthcare professional. Supporting documentation is required.  |

# Academic details

|  |  |
| --- | --- |
| **Degree Registered** | Click here to enter text. |
| **Academic Year of Study** (Please indicate if you will be a finalist in 2016) | Click here to enter text. |

# Financial information

|  |  |
| --- | --- |
| **Do you currently receive any form of financial assistance for your current studies?** | [ ]  NSFAS [ ]  None [ ]  Other Click here to enter text. |
| **If you answered NSFAS or Other in the previous question, what type of assistance do you receive?** | [ ]  Loan [ ]  Bursary [ ]  Other (if other please explain) Click here to enter text. |
| **How much do you receive as financial assistance?** | Click here to enter text. |
| **Amount of Fees Outstanding?** | Click here to enter text. |
| **Amount of Assistance applying for?** | Click here to enter text. |
| **Amount you or your family will contribute?** | Click here to enter text. |

|  |  |  |
| --- | --- | --- |
|  | **Parent/Guardian 1** | **Parent/Guardian 2** (if applicable) |
| **Title** (optional) | Click here to enter text. | Click here to enter text. |
| **First Name(s)** | Click here to enter text. | Click here to enter text. |
| **Surname** | Click here to enter text. | Click here to enter text. |
| **Identity Number** | Click here to enter text. | Click here to enter text. |
| **Permanent Home Address**(or signed affidavit from police) | Click here to enter text. | Click here to enter text. |
| **Postal Code** | Click here to enter text. | Click here to enter text. |
| **Sources of income** | [ ]  Salary (name employer) ­­­Click here to enter text.[ ]  Pension [ ]  SASSA grant/s[ ]  Child support/ maintenance[ ]  Rental [ ]  Investment[ ]  Contributions from others[ ]  Business Profit [ ]  Other (if other please explain) ­­­­Click here to enter text. | [ ]  Salary (name employer) ­­­Click here to enter text.[ ]  Pension [ ]  SASSA grant/s[ ]  Child support/ maintenance[ ]  Rental [ ]  Investment[ ]  Contributions from others[ ]  Business Profit [ ]  Other (if other please explain) ­­­­Click here to enter text. |
| **Net Earnings** (After tax) | Click here to enter text. | Click here to enter text. |

# Motivation

Please provide a detailed motivation in support of why assistance is being requested for fee debt from the SRC Assistance Fund. Include details on:

* Reason fees are outstanding
* Family’s financial circumstances

Click here to enter text.

# Declaration

I hereby declare that the information provided is true and correct, and agree that Student Financial Aid may assist the SRC Assistance Fund Selection Committee with information regarding my student information at UCT.

**Sign:**

(Right-click on signature box to sign)

**Date:** Click here to enter a date.