

**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

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 <input type="checkbox"/>	If yes, please indicate what type of disability it is:					
	No <input type="checkbox"/>						

Nationality	Province	Municipality
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Home Language

Residential Address	Postal Code
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Cell phone no	Alternative no.
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E-mail Address

B: CURRENT STUDIES

Any previous qualification: Yes / No	
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Name of qualification:	
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Year completed:	
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C: PARTICULARS OF THE DEGREE / DIPLOMA YOU WISH TO RECEIVE THE SCHOLARSHIP

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

Date:

Date:

2. Signature of Parent / Guardian

Date: