

# THE HILLARY AND DOROTHY CHAMPION TRUST

## BURSARY APPLICATION FORM 2017 ACADEMIC YEAR

APPLICATIONS ARE INVITED FROM UNDERGRADUATE STUDENTS IN THE FIELDS OF SCIENCE, TECHNOLOGY AND EDUCATION, WHO WILL HAVE COMPLETED THEIR FIRST YEAR OF STUDY IN 2016 OR BEFORE

**CLOSING DATE FOR APPLICATIONS:**

**FRIDAY 28 OCTOBER 2016**

Complete the form in clear handwriting or printing, the trustees cannot consider information which they are unable to read, or which is missing!

### 1. APPLICANT'S DETAILS

<b>SURNAME:</b>																			
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<b>FIRST NAMES:</b>	
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<b>ID NUMBER:</b>														<b>AGE</b>	yrs
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<b>UNIVERSITY:</b>	
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<b>QUALIFICATION / COURSE TO BE STUDIED:</b>	
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<b>LENGTH OF COURSE (Total years)</b>	yrs	<b>Planned year of completion</b>	
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<b>YEAR OF STUDY IN 2017</b>	
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<b>MAJOR SUBJECTS:</b>			

ACADEMIC RESULTS – SCHOOL and UNIVERSITY (Attach full academic record to date)					
SCHOOL SUBJECTS	HG/SG	SYMBOLS / %		UNIVERSITY COURSES	SYMBOLS / or %
		Gr 11	Gr 12		

For office use only	For office use only	For office use only
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**TOTAL AMOUNT OF ASSISTANCE REQUIRED FROM THE CHAMPION TRUST FOR FULL ACADEMIC YEAR 2017 (Attach quotes where possible)**

Please do not say "See attached" and **DO NOT** leave the figures blank

	a) TOTAL COST	b) PARENT CONTRIBUTION	REMAINING BALANCE (a less b)
<b>ACADEMIC &amp; REGISTRATION FEES</b>	R	R	R
<b>ACCOMMODATION</b>	R	R	R
<b>MEALS</b>	R	R	R
<b>BOOKS, EQUIPMENT, MATERIALS</b>	R	R	R
<b>OTHER (Specify)</b>	R	R	R
<b>TOTAL FUNDING REQUIRED (This is the FULL amount you are applying for)</b>			<b>R</b>

**DOCUMENTS TO BE ATTACHED TO THIS APPLICATION (please tick)**

*Documents need not be original and **DO NOT** need to be certified copies.*

At least three testimonials	<input type="checkbox"/>
Copy of Identity Document	<input type="checkbox"/>
Copy of Matriculation Certificate	<input type="checkbox"/>
Full Academic Record from University	<input type="checkbox"/>
Latest Income tax assessments of both parents (or guardian if applicable)	<input type="checkbox"/>
Any other <b>relevant</b> certificates / letters from school / college / university regarding academic or leadership achievements	<input type="checkbox"/>

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**POST:**

The Hillary & Dorothy Champion Trust  
PO Box 22580  
Fish Hoek  
7974

**BY FRIDAY, 28 OCT 2016**

**ONLY APPLICATIONS BEARING A POSTMARK OF 28 OCT 2016 OR EARLIER WILL BE ACCEPTED**

**2. CONTACT DETAILS:**

**STUDENT NUMBER:**

**CELL:**

**EMAIL:**

**HOME ADDRESS:**

**ADDRESS WHILE STUDYING (if not at home)**

**POSTAL ADDRESS:**

**HOME TELEPHONE:**

**FAX:**

**3a. FINANCIAL CIRCUMSTANCES:**

Give an account of the financial circumstances which would make it difficult for you to continue your studies without a bursary. Bursaries are awarded to deserving students who would not otherwise be able to continue their studies without the assistance of the Champion Trust.

Particulars, which include a statement by your parents or guardian as to their income in the past financial year (together with supporting documents), should be given in a separate statement (as set out on Pages 5 to 7) and be attached to this application.


**3b. APPLICANT'S INCOME:**

Do you receive an income from a Trust or any other source	Yes / No
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If Yes, provide details and amount		R
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**4a. CURRENT BURSARIES / SCHOLARSHIPS:**

Give details of bursaries/scholarships/financial assistance you received in 2016:


**4b. BURSARIES/LOANS FOR WHICH YOU HAVE APPLIED FOR 2017:**


**4c. National Student Financial Aid Scheme of South Africa (<http://www.nsfas.org.za/index.htm>):**

Have you applied for NSFAS assistance for 2017? If YES, please provide details, if NO, explain reasons for not applying.


**5. FUTURE WORK:**

State the type of career you intend to follow after completion of your qualification. If you plan to continue your studies explain why:


**6. OTHER INTERESTS / ACTIVITIES:**

Give an outline of your achievements, interests and activities outside the proposed field of study:


**7. ANY OTHER RELEVANT INFORMATION:**


DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

**NB: Incomplete application forms will NOT be considered. Answer ALL questions please.**

# THE HILLARY AND DOROTHY CHAMPION TRUST

## BURSARY APPLICATION FORM 2017 ACADEMIC YEAR

### FINANCIAL STATEMENT AND PERSONAL DETAILS OF BOTH PARENTS (OR GUARDIAN IF APPLICABLE)

**1. PARENTS OR GUARDIAN:**

	Father / Guardian	Mother
<b>SURNAME:</b>		
<b>FIRST NAMES:</b>		
<b>OCCUPATION:</b>		
<b>NAME OF EMPLOYER:</b>		
<b>LENGTH OF EMPLOYMENT WITH PRESENT EMPLOYER:</b>		
<b>HOME ADDRESS:</b>		

**2. OTHER CHILDREN:**

<b>NAME:</b>	<b>AGE:</b>
<b>NAME:</b>	<b>AGE:</b>
<b>NAME:</b>	<b>AGE:</b>
<b>NAME:</b>	<b>AGE:</b>

**3. OTHER DEPENDANTS:**

<b>NUMBER OF CHILDREN:</b>
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<b>NUMBER OF OTHER DEPENDANTS:</b>
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**4. INCOME:**

	<b>Father / Guardian</b>	<b>Mother</b>
<i>Annual Salary</i>	R	R
<i>Annual Pension</i>	R	R
<i>Annual Interest Earned</i>	R	R
<i>Annual Dividends Earned</i>	R	R
<i>Annual net rental income</i>	R	R
<i>Annual net income from farming / business</i>	R	R
<i>Annual income / all other</i>	R	R
<b>TOTAL</b>	<b>R</b>	<b>R</b>

<b>TOTAL Joint Income</b>	<b>R</b>
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**5. INCOME TAX:**

	<b>Father / Guardian</b>	<b>Mother</b>
<i>Total taxable income in respect of last assessment</i>	R	R
<i>Total tax paid in respect of last assessment</i>	R	R
<i>Year of last assessment</i>		

**6. ASSETS AND LIABILITES:**

<u>Assets</u>	<b>Father / Guardian</b>	<b>Mother</b>
<b>Fixed property (at Municipal Valuation)</b>	R	R
<b>Farm Property (at market value)</b>	R	R
<b>Deposits, investments &amp; loan accounts</b>	R	R
<b>Shares (at current market value)</b>	R	R
<b>Value of any trust funds from which income is received</b>	R	R
<b>Furniture / Vehicles etc.</b>	R	R
<b>Farming assets (stock, vehicles, equipment)</b>	R	R
<b>Other Assets</b>	R	R
<b>TOTAL</b>	<b>R</b>	<b>R</b>

<b>JOINT TOTAL ASSETS</b>	<b>R</b>
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<u>Liabilities</u>	<b>Father / Guardian</b>	<b>Mother</b>
<b>Mortgage Bonds</b>	R	R
<b>Promissory Notes</b>	R	R
<b>Bank Overdraft</b>	R	R
<b>Hire Purchase Agreements</b>	R	R
<b>Other</b>	R	R
<b>TOTAL</b>	<b>R</b>	<b>R</b>

  

<b>JOINT TOTAL LIABILITIES</b>	<b>R</b>
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I, the undersigned, hereby certify that the information contained in this form is true and correct.

**DATE:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**Note: A copy of the latest income tax assessment must accompany this form.**