|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 6 |  |  |  |  |  |  |  |

RHODES STUDENT NUMBER

|  |  |
| --- | --- |
|  |  |

 INITIALS SURNAME

 

**APPLICATION FOR FINANCIAL ASSISTANCE FOR YEAR 2024**

**NOTE:**

* **Please complete this form in all respects**
* **All relevant documents as requested in checklist are attached**
* **All family income must disclose in full and Payslip must be submitted**

|  |  |
| --- | --- |
| **SECTION 1** | **Details of Applicant** |
| Surname |  |
| First Name |  |
| Identity number |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Cell phone number |  |
| For which degree are you registered? |  |
| Email address |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Married |  | Divorced |  | Single |  | Deceased |  | Married But Living Apart |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Have you had funding from NSFAS | YES  |  | No  |  |  |
| For how many years has NSFAS Funded your studies |  |  |

|  |  |
| --- | --- |
| **SECTION 2** | **Family Details** |

 **Father, Guardian**

|  |  |
| --- | --- |
| Father/ Guardian |  |
| Surname  |  |
| First Name/s |  |
| Identity number |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Relationship to student |  |
| Employer’s Name |  |
| Gross Earnings |  |
| Other Income |  |
| Email: |  |
| Cell  |  |
| Employed  |  | Unemployed |  | Pension |  | Self Employed- Informal Sector |  |

 **Mother, Guardian**

|  |  |
| --- | --- |
| Mother / Wife |  |
| Surname  |  |
| First Name/s |  |
| Identity number |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Relationship to student |  |
| Employer’s Name |  |
| Gross Earnings |  |
| Other Income |  |
| Email: |  |
| Cell  |  |
| Employed  |  | Unemployed |  | Pension |  | Self Employed- Informal Sector |  |

 **Husband, Wife**

|  |  |
| --- | --- |
| Husband/ Wife |  |
| Surname  |  |
| First Name/s |  |
| Identity number |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Relationship to student |  |
| Employer’s Name |  |
| Gross Earnings |  |
| Other Income |  |
| Email: |  |
| Cell  |  |
| Employed  |  | Unemployed |  | Pension |  | Self Employed- Informal Sector |  |

|  |  |
| --- | --- |
| **SECTION 3** | **List of All Family Members Dependent on Family Income and Living in Your Home** |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name  | Age | Relationship | If not direct family  | Occupation | EmployedYes/No | PositionHeld | Income |
| E.g. Sipho | 21 | Brother |  | Student | Yes | Waiter | R300pm |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |

**Total number of people living in your home…………….**

|  |  |
| --- | --- |
| **SECTION 4** | **Declaration by Applicant (Student)** |
| I hereby confirm that……………………………………… (Student’s name) understand that financial aid is available to students who are financially deserving and fully declared of **all** family income. I have read and attached documents as listed in the checklist which accompanied the issue of this application form.I understand that my application form will not be considered unless the form is fully completed and all requested documents are attached.I agree that Rhodes University Financial Aid Office may confirm the details I have provided.I agree that my details may be submitted to sponsors in an attempt to obtain external funding (bursaries).I declare that to the best of my knowledge full and detailed particulars regarding my family’s financial situation have been provided. I understand that intentional submission of incorrect/incomplete details constitutes a disciplinary offence.Signature of Applicant (Student)……………………………………………….Date…………………………………………….Signature of Commissioner of Oaths……………………………………………………………………………………………...Date ……………………………………..Official Stamp………………………………………………………………………… |