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| 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 | | | | | | | | |  |

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

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name | Age | Relationship | If not direct family | Occupation | Employed  Yes/No | Position  Held | 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………………………………………………………………………… | |