|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
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### Student number



Researcher Office: Postgraduate Financial Aid, Rhodes University

Tel: 046 – 603 8755/8179 e-mail: [pgfunding@ru.ac.za](mailto:pgfunding@ru.ac.za)

Please email back to [pgfunding@ru.ac.za](mailto:pgfunding@ru.ac.za) , no hardcopies.

# APPLICATION FOR MARGARET SMITH BURSARIES

# 2025

# WHERE THE CRITERIA BESIDES, ACADEMIC MERIT, IS

FINANCIAL NEED

**NAME OF BURSARY APPLYING FOR: Margaret Smith Bursary**

## SECTION 1: PARTICLUARS OF APPLICANT

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| SURNAME |  | | | | |
| TITLE |  | | | | |
| FIRST NAMES |  | | | | |
| NATIONALITY |  | | | | |
| PROVIDE PROOF OF SA PERMANENT RESIDENCE IF APPLICABLE | | | | |  |
| TELEPHONE NUMBER/CELL NUMBER | | | |  | |
| E-MAIL ADDRESS | |  | | | |
| PREFERRED CONTACT ADDRESS FOR NOTIFICATION ON OUTCOME OF APPLICATION | | |  | | |

SECTION 2: PARTICLUARS ABOUT WHO IS RESPONSIBLE FOR PAYING YOUR FEES/LIVING COSTS?

|  |  |  |  |
| --- | --- | --- | --- |
| Parent/Guardian |  | Self Supporting\* |  |

\* ***Please elaborate further on your sources of income (a letter of motivation with this application)***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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IF PARENT OR GUARDIAN, PROVIDE DETAILS OF ASSETS AND LIABILITIES OF FAMILY (ADDITIONAL INFORMATION MAY BE REQUESTED)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| House | Rented |  | Monthly Rental | |  | |  |
| House | Own |  | Value |  | Monthly Repayments | |  |
| Car |  | | Value |  | Monthly Repayments | |  |
| Gross Family Income\* | | | Father |  | Mother |  |  |
|  | | | Other |  |  | Total |  |

*\*Please provide copies of latest salary slips*

**SECTION 3:** **STATE YOUR MONTHLY LIVING COSTS (proposed costs in Grahamstown if not currently living here):**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Rent | |  | | Lights |  | Water |  |
| Cell Phone | |  | | Telephone |  | Clothes |  |
| Food | |  | | MNet/TV |  | Entertainment |  |
| Car Insurance | |  | | Petrol |  |  |  |
| Other | |  | |  |  |  |  |
|  | |  | |  |  |  |  |
|  | |  | |  |  | TOTAL | R |
| Car Make |  | |
| Car Model |  | |
| Car Year |  | |

#### SECTION 4: STUDENT LOANS / FINANCIAL AID

|  |  |  |  |
| --- | --- | --- | --- |
| Bank/Person/Institution | Year | Value | Current Balance |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  | Total |  |  |

**SECTION 5: OTHER FUNDING, AWARDS, BURSARIES, SCHOLARSHIPS**

|  |  |  |
| --- | --- | --- |
| Name | Year | Value |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  | Total |  |

SECTION 6: OTHER FINANCIAL INFORMATION THAT YOU WOULD LIKE THE COMMITTEE TO CONSIDER:

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

**SECTION 7: DECLARATION BY APPLICANT:**

I …………………………………………. have checked the information provided in this application and to the best of my knowledge the details given are complete and correct.

I understand that should any information be omitted or found to be incorrect in order to mislead the Committee, disciplinary action may be taken by the University against the applicant, which could result in expulsion. Any bursary/scholarship/ loan awarded to the applicant, will automatically be withdrawn.

Signature…………………………………. Date…………………………………