BURSARY APPLICATION FORM 2024	
Sugar Industry Trust Fund for Education	
PO Box 700, Mount Edgecombe, 4300	
Tel: 031 508 7034 Fax: 031 508 7191	
www.sitfe.co.za bursaries@sasa.org.za	SUGAR INDUSTRI
1 Applicants must have applied in the Faculties of Science, Technology or College of Agriculture.	Engineering or Agriculture at a University, University of
2 The children of a sugarcane farm worker can apply and/o	or be registered for any field of study at a University.
University of Technology or College of Agriculture and ne	
3 All applications must reach the South African Sugar Assoc	c 11
4 This application form must be completed in full. PLEASE F	REFER TO CHECKLIST.
5 Do not attach any original certificates or testimonials, as	these cannot be returned.
6 We reserve the right to withdraw bursaries awarded to st	udents who accept other full bursaries or loans.
7 Shortlisting will be done in third week of January 2023. S	hortlisted candidates will be required to attend
interviews at the end of January 2023.	
8 Initial shortlisting will be based on your Grade 11 final res	ults and Grade 12 June results.
9 Final selection will be based on your final Matric results.	
10 If you do not hear from us by 31 January 2024 , please co	nsider your application unsuccessful.
A. PERSONAL DETAILS	
SURNAME TITLI	
FIRST NAMES	
MARITAL STATUS Single	Married
DATE OF BIRTH	
	aca tick your province)
NAME OF YOUR TOWN PROVINCE (Ple KwaZulu-Natal KwaZulu-Natal	ase tick your province)
Mpumalanga p	·
Other (specify)	
PLEASE TICK THE COURSE YOU WISH TO STUDY OR ARE STUDY	ING
Mechanical Engineering Science (specifi	
Electrical Engineering Agriculture (sp	
Chemical Engineering Other (specify)	
INSTITUTION(S) APPLICANT REGISTERED WITH OR APPLIED TO	
CENTRAL APPLICATIONS OFFICE (CAO) NUMBER (If applicable)	
YOUR HOME/PHYSICAL ADDRESS	POSTAL ADDRESS
CODE	CODE
YOUR CONTACT PHONE NUMBERS	YOUR CONTACT CELLPHONE NUMBER

YOUR CONTACT E-MAIL ADDRESS	1	ALTERNATIVE	E-MAIL ADDRES	5
TELEPHONE NUMBER OF RELATIVE	-		UMBER OF RELA	TIVE
TELEPHONE NUMBER OF A FRIEND]		UMBER OF A FRI	END
DO YOU HAVE ANY RELATIVE WORKING FOR T		ISTRY (MILLING	-	
IF YES, PLEASE ATTACH PROOF (Salary slip or g	rower code)		YES	NO
B. CHILD OF SUGARCANE FARM W		plicable)		
IF YES, PLEASE ATTACH PROOF (Salary slip or g	rower code)		YES	NO
		[
WHAT IS THEIR OCCUPATION AT THE FARM				
WHAT IS THE NAME OF THE FARM				
C. HIGH SCHOOL INFORMATION NAME OF SCHOOL				
TYPE OF CERTIFICATE OBTAINED				
(if completed grade 12)				
GRADE 12 LATEST RESULTS (final results or Jun	e results - attac	h a copy of the s	statement or sch	ool report)
			SULTS	
SUBJECTS		PERCENTAGE	SYMBOL	
2				
3				
4				
6				
7				
8				
D. TERTIARY STUDIES				
NAME OF INSTITUTION				
STUDENT NUMBER				
YEAR OF STUDY IN 2024	1ST YEAR		2ND YEAR	
	3RD YEAR		4TH YEAR	
	L	1	ļ	I
	1			
CONTACT PERSON AT INSTITUTION				

1				
HIS/HER CONTACT DETAILS				
IF CURRENTLY REGISTERED, PLEASE SPECIFY ((Also attach full academic record)	LUURSES			
	6			
2	7			
3	8			
4	9			
5	10			
	10			
ARE YOU CURRENTLY A BENEFICIARY OF ANY	GRANT OR BURSA	RY?	YES	NO
IF YES, PLEASE STATE THE NAME OF THE FUN	DER			
OBLIGATIONS AND CONDITIONS OF THE EXIS	TING GRANT OR BU	IRSARY		
E. FAMILY				
DETAILS OF PARENTS (If deceased, please atta	ach copy of death ce	ertificate)		
NAME & SURNAME OF YOUR MOTHER				
IDENTITY NUMBER OF YOUR MOTHER				
TELEPHONE NUMBER				
NAME OF EMPLOYER				
ANNUAL SALARY (attach proof of income)				
OCCUPATION				
NAME & SURNAME OF YOUR FATHER				
ANNUAL SALARY (attach proof of income)				
OCCUPATION				
DETAILS OF LEGAL GUARDIAN				
(To be completed by applicants living or suppo	orted by a guardian)			
NAME & SURNAME OF YOUR GUARDIAN				
TELEPHONE NUMBER				
NAME OF EMPLOYER				
ANNUAL SALARY (attach proof of income)				
OCCUPATION				
JOINT INCOME OF PARENTS OR GUARDIAN (A	Application based or	n "need" will	not be consid	ered unless
proof of income is attached)				
up to R350 000 per annum			up to R500 (000 per annum
up to R400 000 per annum				000 per annum
up to R450 000 per annum			up to R600 (000 per annum
OTHER FAMILY MEMBERS			_	
DO YOU HAVE SISTERS AND BROTHERS?	YES	10		

HOW MANY DO YOU HAVE?				
HOW MANY ARE STILL IN SCI	HOOL?			
F. ADDITIONAL INFORMATION Give details of any activity/project (academic or community work) in which you have done well at school and/or in the community				
Have you ever visited a suga when and what your experie	-	f yes, please give deta	ils of where,	
Have you had a part time job	YES	NO		
If yes, please describe your d	luties and state the name o	of the company		
Have you been involved with	any of the SITFE project pa	artners (Please tick)		
Midlands Community College		KZN science Co		
Rally to Read PROTEC		MiET Resource		
PROTEC		Izingolweni Sc		
How did you hear about the	bursary?			
G. YOUR APPLICATION DETAILED BELOW		DERED UNLESS TH	HE INFORMATI	ON
	d Matric Statement of resul	ts OR final Tertiary exa	m results if alread	V
registered at an institu	tion.			
	ing proof of sugar industry of (pay slip, pension receipts,			ent)
4 Death certificate if a pa		andavit detailing inco	ine of unemployin	ent).
5 Certified copy of your i	dentity document.			
6 Confirmation of applica	ation / registration at an Un	iversity, University of T	Fechnology or Colle	ege of Agriculture.
I hereby declare that the info assistance being granted, I an rules of SITFE bursary scheme	n prepared to enter into the			
Date	Applicant's signature		Guardian's signa	
			(If applicant und	er 18 yrsj
		I		
BURSARY APPLICATION CH	IECKLIST			

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Please ensure you have completed the application form and attached the following documents:

√ Tick

Bursary application form is complete
Full Tertiary academic record to date or Grade 12 Trial results and Matric certificate
Documentation providing proof of sugar industry connection, if connected
Proof of family income (pay slip, pension receipts, affidavit detailing income or unemployment)
Death certificate if a parent is deceased
Certified copy of your South African identity document
Confirmation of acceptance at a College of Agriculture or University

Applicant's signature