



South African Institute of Electrical Engineers

SAIEE BURSARY APPLICATION FORM

Write/type in black only – Closing Date: 30 October

Results must be submitted by 28 February

1. PERSONAL DETAILS

SURNAME:			
FIRST NAME/S:			
POSTAL ADDRESS:			
MOBILE NUMBER:			
EMAIL:			
ID NUMBER:			
DATE OF BIRTH:			
CITIZENSHIP:			
GENDER: (cross correct one)	Male	Female	
RACE: (cross correct one)	White	African	Indian Coloured
PHYSICAL ADDRESS:			
ALTERNATIVE TEL NO:			

2. DETAILS OF SECONDARY SCHOOL EDUCATION

Highest Standard passed	Subjects	% Marks obtained

NAME OF SCHOOL: YEARS ATTENDED:

PHYSICAL ADDRESS OF SCHOOL:

SAIEE House

18A Gill St Observatory Johannesburg 2198 | PO Box 751253 Gardenview 2047
TEL 011 487 3003/6 FAX 011 487 3002 www.saiee.org.za reception@saiee.org.za

3. TERTIARY EXAMINATION RECORD (UNIVERSITY/ UNIVERSITY OF TECHNOLOGY)

Attach University Academic Record (deadline of 28 February for latest results)

[illegible]

4. YEAR OF STUDY/SEMESTER FOR WHICH BURSARY IS REQUIRED.

(Only one year of study may be applied for on this form.)

Should your application be successful you will have to re-apply for the following year)

A diagram consisting of four adjacent square boxes. Each box contains a label for a term in a sequence: the first box is labeled '1st', the second '2nd', the third '3rd', and the fourth '4th'.

5. GRADE 12 APPLICANTS ONLY:

(Attach most recent examination results)

Which university/ university of technology is preferred?

Have you been provisionally accepted? (Y or N)

Which degree you applied to study for?

6. PLEASE GIVE DETAILS OF ALL BURSARIES, SCHOLARSHIPS OR EDUCATIONAL GRANTS PREVIOUSLY HELD OR NOW HOLD:

BURSARY OR GRANT	AMOUNT	YEAR 20....

7. HAVE YOU APPLIED FOR ANY OTHER BURSARY, GRANT, SCHOLARSHIP AND ARE AWAITING A REPLY?
IF SO, SPECIFY:

NAME OF FUNDING APPLIED FOR AND AMOUNT IN ZAR.

8. ARE YOU A STUDENT MEMBER OF THE SOUTH AFRICAN INSTITUTE OF ELECTRICAL ENGINEERS?
(Condition: all successful applicants must become a SAIEE student member)

☐ Y ☐ N

DECLARATION

I declare that the above particulars are true and correct and I understand that any false or incomplete information may constitute grounds for the rejection of the application/cancellation of the scholarship.

.....
Name of Applicant:

.....
Name of Parent or Guardian:

.....
Signature of applicant

.....
Signature of parent/guardian if applicant is under 21

DECLARATION BY PARENT OR GUARDIAN

- This application will not be considered unless this page is completed in full.
- All information will be treated as strictly confidential.
- Proof of salary must be attached to this application form.

FULL NAME OF PARENT OR GUARDIAN:	
ARE YOU A MEMBER OF THE SAIEE?	
WHAT IS THE ANNUAL GROSS INCOME OF BOTH PARENTS IN Rands:	
NAME OF YOUR EMPLOYER:	
ADDRESS OF YOUR EMPLOYER:	
TELEPHONE CONTACT:	
ALTERNATIVE CONTACT NUMBER:	
CITIZENSHIP:	
PERMANENT RESIDENTIAL ADDRESS:	

DEPENDANTS OF PARENTS OR GUARDIAN

NO	NAME AND SURNAME	OCCUPATION (ie. working/scholar/unemployed)	AGE
1.			
2.			
3.			
4.			
5.			

SPECIAL CIRCUMSTANCES AS MOTIVATION FOR CONSIDERATION

I request that the following circumstance be taken into consideration:

.....

.....

.....

.....

DECLARATION

I declare that the above particulars are true and correct and I understand that any false or incomplete information may constitute grounds for rejection of the application/cancellation of the scholarship.

.....
SIGNATURE OF PARENT/GUARDIAN

.....
DATE

.....
COMMISSIONER OF OATHS (Signature and Stamp)

Please return this application form via email,
with all required documentation to
reception@saiee.org.za