ABAKHOLWE COMMUNITY DEVELOPERS (PTY) LTD

'Center for Community Development and Skills Training'



CORPORATE OFFICE

8A BODENSTEIN STREET, CNR BOK STREET. POLOKWANE 0699 TEL: 015 291 4688 FAX: 015 291 4677/ 086 6130 846 ENQUIRIES: MAKUNGO A.I. CEL: 082 772 4196

REGISTRATION DETAILS

REG NO. 2006/030141/07
VAT NO. 4390211417
ACCREDITATION NO. 7P5480
FET REG. NO. 2010/FE07/117
UMALUSI REG. NO. 00895PA
WEBSITE: www.abakholwe.co.za
EmailAddress: abcdev@abakholwe.co.za

TRAINING CENTRE

MAKOTSE ROAD MOTANTANYANE VILLAGE ZEBEDIELA 0699 TEL: 015 633 1921

Provisionally Registered with DHET as a Private College

BURSARY APPLICATION FORM: NATED BUSINESS STUDIES

PLEASE NOTE:

- ♦ Closing dates: 15 November 2019
- ♦ Incomplete or late applications will **not** be considered. .
- ♦ Bursaries are offered for full-time courses only at Abakholwe Community Developers: N4 –N6 Business Studies
- Applicants must not be older than 28 years of age. Younger students will be given preference.
- ♦ A minimum of grade 12 Certificate or Equivalent .

A certified copy of your grade 12 certificate

- Bursaries will not be granted to students who have other bursaries, including NSFAS.
- Bursaries only cover course fees, registration and Books..
- ♦ Bursaries do not cover accommodation if you live far from college explain where you would stay and how you would pay for it.

PLEASE TICK THAT THE FOLLOWING HAVE BEEN INCLUDED WITH YOUR APPLICATION:

□ Proof of Residence
 □ Certified copy of ID.
 □ Completed application form
 □ A detailed letter in your own handwriting to motivate your application and explain your family circumstances.

SURNAME	ID NUMBER
FIRST NAME(S)	SEX : Male / Female
HOME ADDRESS	
	POSTAL CODE
TEL NO :CELL NO :	EMAIL
PARENT'S/GUARDIAN NAME	_CELL NO
WORK TELNOEMAIL ADDRESS	
WHAT IS YOUR HIGHEST GRADE PASSED?	IN WHICH YEAR?
NAME OF LAST HIGH SCHOOL ATTENDED	
IF YOU ARE NOT AT SCHOOL OR COLLEGE, WHAT HAS SCHOOL? DETAILS OF OTHER BURSARIES/LOANS APPLIED FOR	

COURSE OF INTEREST		
BUSINESS STUDIES	FINANCIAL MANAGEMENT	
HUMAN RESOURCE MANAGEMENT	PUBLIC MANAGEMENT	
FOR OFFICE USE Give full details for the upcoming course for which the bursary is requ	ired.	
NAME OF COLLEGE	NAME OF CAMPUS	
COURSE FOR WHICH BURSARY IS REQUIRED	LEVEL	
THIS COURSE BEGINS ON	AND ENDS ON	
TUITION FEES: R		
REGISTRATION FEES: R		
TOTAL: R		
I CONFIRM THAT THE APPLICANT IS ELIGIBLE TO BE ENROLLED IN THIS COURSE		
PRINCIPAL / HEAD OF DIVISION (NAME)	SIGNATURE	
COMMENTS IF NECESSARY		
DATECOLLEGE STAMP:		
DECLARATION : I have not been awarded a bursary by any other organisation. I declare that the information I have given on this form is true and correct, and understand that any falsehood will result in my application being disqualified & any bursary being withdrawn at any point.		
APPLICANT'S NAME (PRINT)	SIGNATUREDATE	