



National Student Financial Aid Scheme

APPLICATION FOR FUNDING

Please read every section of the form, and fully complete all required sections. Application forms without ALL supporting documents will not be processed by NSFAS.

NSFAS requires that you provide a cell phone number or an email address so that NSFAS can communicate with you during the application process, and to inform you of the outcome of your application. If your application is successful, we need the cell phone number provided in case you qualify for allowances.

If you are a student with a disability, you must complete an additional form, available on the NSFAS website, and will be required to provide a medical certificate in support of your disability condition.

Please contact NSFAS on **0860 067 327** for more information, or the applicant can go to the nearest university/TVET college financial aid office for assistance.



CLOSING DATE FOR APPLICATIONS: 12 MAY 2017

Application for Financial Assistance for South African undergraduate TVET students

Please return the completed form with supporting documents to:

Reference: Online Application/2017
National Student Financial Aid Scheme
Loans and Bursaries Service Unit
Private Bag X4
Plumstead
7801
Cape Town

OR you can scan and email to: apply@nsfas.org.za

VERY IMPORTANT INFORMATION - PLEASE READ THIS CAREFULLY BEFORE COMPLETING THIS FORM

- 1 Please note that even if you may be eligible for NSFAS funding, we advise you to also apply for other bursaries/student loans, as your application to NSFAS does not guarantee acceptance.
- 2 NSFAS will not consider you for financial assistance unless you meet its criteria for funding, details of which can be found on our website: www.nsfas.org.za
- 3 Information and documentation required in support of this application, will ONLY be used for the purpose of assessing the financial eligibility of prospective students.
- 4 The information may be shared with third parties including credit bureaus and other agencies for the purposes of information validation, criminal checks and to verify previous academic records.
- 5 You are required to provide consent for NSFAS to use the information you provide.

INSTRUCTIONS & CRITERIA

- 1 Please provide your ID number on the top of each page of this application
- 2 Ensure that this form is completed in full.
- 3 Complete in **BLOCK LETTERS** and **BLACK INK**.
- 4 Note that a NSFAS bursary cannot be used to pay for existing loans or debts.
- 5 Ensure that this form is duly signed.
- 6 Incomplete and late applications will be disqualified.
- 7 Applications are only open to South African citizens.

YOU MUST NOT APPLY IF

- 1 You have already applied on www.nsfas.org.za.
- 2 You have already applied before 17 February 2017 through a TVET college.
- 3 You already have NSFAS funding for 2017. (If this is you, please log onto www.nsfas.org.za to create the MyNSFAS account and to verify your details).

REQUIRED DOCUMENTS

PLEASE READ THIS CAREFULLY BEFORE COMPLETING THIS FORM

- 1 Certified copy of a valid South African Identity Document/ card.
- 2 Certified copy of unabridged birth certificate (If you do not have a green bar-coded ID or smart ID card)
- 3 Certified copy of ID of each household member including parents or legal guardian.
- 4 Certified copy of a valid Senior Certificate (If you have completed Grade 12).
- 5 Certified copy of the latest academic results or record on official letterheads or logo (if you are already at a university or TVET college). If you intend to register at any university or TVET college for a degree or diploma in 2017, and you are not a student at any of the institution, you must submit a midyear academic transcript or exam results
- 6 A copy of your proof of residence (see the checklist at the end for more information and examples of suitable documents).

| | | | | | | | | | | | | | | |
|----------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Your ID Number | | | | | | | | | | | | | | |
|----------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

SECTION 2: APPLICATION FORM

PART A: DETAILS OF APPLICANT

Please provide names and ID number as per ID document. The stamp on your certified ID copy should not be older than 3 months and must be on the same side as the image of the ID.

| | | | | | | | | | | | | | | |
|--|----------|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Surname: | | | | | | | | | | | | | | |
| First Names | | | | | | | | | | | | | | |
| ID Number | | | | | | | | | | | | | | |
| Street Address | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| Province | | | | | | | City/Town | | | | | | | |
| Suburb/Village | | | | | | | Postal Code | | | | | | | |
| Cell phone | () | | | | | | E-mail Address | | | | | | | |
| Is your postal address the same as your street address? | | | | | | | Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | | | |
| Postal Address (If Not) | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| Postal code | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | |
|----------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Your ID Number | | | | | | | | | | | | | | |
|----------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

| | |
|---|--|
| Are you receiving any other form of financial assistance for your current studies? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Type | Loan <input type="checkbox"/> Bursary <input type="checkbox"/> |
| Amount | |
| Do you have a disability? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| How should NSFAS contact you? | Email <input type="checkbox"/> SMS <input type="checkbox"/> |
| Do you receive a SASSA grant? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Has there ever been an administration order issued against you? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

| | |
|-------------|--|
| Race | African <input type="checkbox"/> Asian <input type="checkbox"/> Coloured <input type="checkbox"/> Indian <input type="checkbox"/> White <input type="checkbox"/> |
|-------------|--|

| | |
|--|--|
| Have you ever been declared mentally unfit by a court of law? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
|--|--|

PART B: DETAILS OF YOUR CURRENT/ MOST RECENT STUDIES

PLEASE PROVIDE A COPY of your latest/most recent academic results as proof

What are you doing this year?

In School Employed Unemployed Studying & not employed Studying & Employed

Highest Academic Level Achieved

Gr 9 - 11 Gr 12 1st – 5th Yr/Level Final Yr/Level Post Grad Other

| | |
|--|--|
| Name of last School, College or University you attended | |
|--|--|

| | | | | | | | | | | | | | | |
|----------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Your ID Number | | | | | | | | | | | | | | |
|----------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

PART C: DETAILS OF YOUR PLANNED STUDIES IN 2017

Planned qualifications (please list five choices for TVET College study in 2017)

First Choice:

| | | | |
|-----------------------------------|--------------------------------|---------------------------------|--|
| TVET College | | Faculty | |
| Planned Qualification (Full Name) | | | |
| Level/Year of study | First <input type="checkbox"/> | Second <input type="checkbox"/> | Third <input type="checkbox"/> Fourth <input type="checkbox"/> |

Second Choice:

| | | | |
|--------------------------------------|--------------------------------|---------------------------------|--|
| TVET College | | Faculty | |
| Planned Qualification (name in full) | | | |
| Level/Year of study | First <input type="checkbox"/> | Second <input type="checkbox"/> | Third <input type="checkbox"/> Fourth <input type="checkbox"/> |

Third Choice:

| | | | |
|--------------------------------------|--------------------------------|---------------------------------|--|
| TVET College | | Faculty | |
| Planned Qualification (name in full) | | | |
| Level/Year of study | First <input type="checkbox"/> | Second <input type="checkbox"/> | Third <input type="checkbox"/> Fourth <input type="checkbox"/> |

Fourth Choice

| | | | |
|--------------------------------------|--|---------|--|
| TVET College | | Faculty | |
| Planned Qualification (name in full) | | | |

| | | | | | | | | | | | | | | |
|----------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Your ID Number | | | | | | | | | | | | | | |
|----------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

| | | | | |
|---------------------|--------------------------------|---------------------------------|--------------------------------|---------------------------------|
| Level/Year of study | First <input type="checkbox"/> | Second <input type="checkbox"/> | Third <input type="checkbox"/> | Fourth <input type="checkbox"/> |
|---------------------|--------------------------------|---------------------------------|--------------------------------|---------------------------------|

Fifth Choice:

| | | | |
|--------------|--|---------|--|
| TVET College | | Faculty | |
|--------------|--|---------|--|

| | |
|--------------------------------------|--|
| Planned Qualification (name in full) | |
|--------------------------------------|--|

| | | | | |
|---------------------|--------------------------------|---------------------------------|--------------------------------|---------------------------------|
| Level/Year of study | First <input type="checkbox"/> | Second <input type="checkbox"/> | Third <input type="checkbox"/> | Fourth <input type="checkbox"/> |
|---------------------|--------------------------------|---------------------------------|--------------------------------|---------------------------------|

PART D: DETAILS OF YOUR FAMILY

You need to provide details of all the family members living with you. Certified copies of all their ID documents must be attached to your application.

Please note: If you are married or have financially supported yourself for more than three years, or if both your parents are deceased and you have no legal guardian, then you are considered an independent applicant and you do not need to provide details of your parents. You will need to provide details of any of the family members living with you and dependent on the income that your family receives.

Are either of your parents deceased? If you answer yes, you must use the section below to complete details of your next of kin or guardian:

| | | | | | |
|---------------|------------------------------|-----------------------------|---------------|------------------------------|-----------------------------|
| Mother | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Father | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|---------------|------------------------------|-----------------------------|---------------|------------------------------|-----------------------------|

How many people are there in your family (including you)?

1 – 4 people 5 people 6 people 7 people 8 or more people

| | |
|---|--|
| Name of Mother/ Stepmother/ Legal guardian | |
|---|--|

| | | | | | | | | | | | | | |
|------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|
| ID Number | | | | | | | | | | | | | |
|------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|

| | | | | | |
|----------------------------------|-----------------------------------|---------------------------------------|--|-----------------------------------|--------------------------------|
| What does your mother do? | Employed <input type="checkbox"/> | Not employed <input type="checkbox"/> | Self-employed <input type="checkbox"/> | Studying <input type="checkbox"/> | Other <input type="checkbox"/> |
|----------------------------------|-----------------------------------|---------------------------------------|--|-----------------------------------|--------------------------------|

| | | | | | |
|-------------------------|---------------------------------|----------------------------------|--|---|--|
| Source of income | Salary <input type="checkbox"/> | Pension <input type="checkbox"/> | Child Support <input type="checkbox"/> | Maintenance payments <input type="checkbox"/> | Business Profit <input type="checkbox"/> |
|-------------------------|---------------------------------|----------------------------------|--|---|--|

| | | | | | | | | | | | | | | |
|----------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Your ID Number | | | | | | | | | | | | | | |
|----------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

| | |
|--|--|
| Annual income amount from these sources (before deductions and tax) | |
|--|--|

Preferred means of contact (please provide at least 1):

| | | | |
|------|--------|----------------|--|
| Cell | () | E-mail Address | |
|------|--------|----------------|--|

| | |
|--|--|
| Name of Father/Stepfather/ Legal Guardian | |
|--|--|

| | | | | | | | | | | | | | | |
|------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| ID Number | | | | | | | | | | | | | | |
|------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

| | |
|----------------------------------|---|
| What does your father do? | Employed <input type="checkbox"/> Not employed <input type="checkbox"/> Self-employed <input type="checkbox"/> Studying <input type="checkbox"/> Other <input type="checkbox"/> |
|----------------------------------|---|

| | |
|-------------------------|--|
| Source of income | Salary <input type="checkbox"/> Pension <input type="checkbox"/> Child Support <input type="checkbox"/> Maintenance payments <input type="checkbox"/> Business Profit <input type="checkbox"/> |
|-------------------------|--|

| | |
|--|--|
| Annual income amount from these sources (before deductions and tax) | |
|--|--|

Preferred means of contact (please provide at least 1):

| | | | |
|------|--------|----------------|--|
| Cell | () | E-mail Address | |
|------|--------|----------------|--|

| | |
|--|--|
| Name of Next of Kin (your closest living relative over the age of 18) | |
|--|--|

| | | | | | | | | | | | | | | |
|------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| ID Number | | | | | | | | | | | | | | |
|------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Preferred means of contact (please provide at least 1):

| | | | |
|------|--------|----------------|--|
| Cell | () | E-mail Address | |
|------|--------|----------------|--|

| | | | | | | | | | | | | | | |
|----------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Your ID Number | | | | | | | | | | | | | | |
|----------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Please complete the table below for the remaining members of your family.
Parents, legal guardian or next of kin details do not need to be included here:

| Name of other members of your family (As per IDs) | ID Number | What are they doing at the moment? | Relationship to you* |
|---|-----------|---|----------------------|
| | | School <input type="checkbox"/> Employed <input type="checkbox"/> Not-employed <input type="checkbox"/> Studying <input type="checkbox"/> | |
| | | School <input type="checkbox"/> Employed <input type="checkbox"/> Not-employed <input type="checkbox"/> Studying <input type="checkbox"/> | |
| | | School <input type="checkbox"/> Employed <input type="checkbox"/> Not-employed <input type="checkbox"/> Studying <input type="checkbox"/> | |
| | | School <input type="checkbox"/> Employed <input type="checkbox"/> Not-employed <input type="checkbox"/> Studying <input type="checkbox"/> | |
| | | School <input type="checkbox"/> Employed <input type="checkbox"/> Not-employed <input type="checkbox"/> Studying <input type="checkbox"/> | |

*relationship to you = husband/wife, partner, grandparent, sister/brother, uncle/aunt, son/daughter

Financial support needed for next year:

What type of accommodation will you use next year while studying?

Staying at home Rental accommodation On-campus residence Off-campus residence

| | |
|--|--|
| If you are not staying at home, will you need funds for meals? (For those not receiving meals allowance from the university/college) | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Do you need funding for travel to university/college? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

| | | | | | | | | | | | | | | |
|----------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Your ID Number | | | | | | | | | | | | | | |
|----------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Disclaimer and Signature

By signing this application form, I accept and understand that this application does not guarantee that I will receive a NSFAS loan or bursary. If I am not successful, I will be responsible for all required fees at the university/college. I understand that any false information provided as part of my application can disqualify me from receiving financial aid and will result in the immediate withdrawal of any approved loan or bursary. I understand that if my application for financial aid is approved, the loan or bursary agreement must be signed within 30 days after registration or NSFAS reserves the right to withdraw the approved loan or bursary. I will then be liable for all fees at the university/college.

| | | | |
|---|--|------|--|
| Signature of applicant | | Date | |
| ID Number | | | |
| I give NSFAS permission to validate the information I have provided with third parties. | Yes <input type="checkbox"/> No <input type="checkbox"/> | | |

NSFAS requires personal information from SARS relating to the employment status and level of income of the parents or guardians of the applicant. NSFAS is committed to ensuring that the personal information obtained from SARS is treated confidentially and also to protecting the privacy of the persons whose personal information is obtained from SARS. NSFAS is further committed to protecting the personal information and to use that personal information in a lawful and transparent manner.

The personal information obtained from SARS will only be used:- to assess and process the applicant's application and to ensure that the applicant receives the appropriate level of financial support from NSFAS;
 - to confirm and verify the identity of the parents or guardians of the applicant;
 - in connection with legal proceedings;
 - for audit and record keeping purposes; and
 - for debt tracing and/or debt recovery purposes

| | | | |
|---|--|------|--|
| Signature of Parent | | Date | |
| ID Number | | | |
| I hereby give consent under section 69(6)(b) of the Tax Administration Act, 2011, that my/our taxpayer information in the records of the South African Revenue Service may be disclosed to NSFAS to the extent that it relates to my/our employment status and my/our levels of income. | Yes <input type="checkbox"/> No <input type="checkbox"/> | | |

| | | | | | | | | | | | | | | |
|----------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Your ID Number | | | | | | | | | | | | | | |
|----------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

In order for your application to be processed, please ensure that you complete all sections of the application form and attach all supporting documents. You must write your identity number on every page of all of your supporting documents in order for your application to be processed. NSFAS will not be able to process applications without an ID number.

Please attach certified copies of the following documents:

(All the certified copies must not be older than 3 months) Your documents can be certified at the South African Police Service or the South African Post Office.* If you are under the age of 18 or if you are 18 and older and are STILL DEPENDENT on the household income of your parent or legal guardian, then this also applies to you.

Please tick if included

Certified copy of your Identity Document. If you are younger than 16 years of age, and do not have a green bar-coded ID or smart ID card, you must submit a certified copy of your unabridged birth certificate

*Certified copy of Identity Document of each household member including parents or legal guardian.

Certified copy of your latest academic transcript or exam results. If you are currently in Grade 12, you do not need to submit this.

If you have been exempted from paying school fees, please provide a letter from the school informing NSFAS that you have been exempted.

*Certified or official copy of recent payslip, letter of employment, not older than three months, for each parent, or the person who supports you, or your guardian or yourself if you are employed. This is for all types of employment or all forms of income for all members of the household. This includes any income received from SASSA grants, Unemployment Insurance Fund (UIF), or any retirement, life, disability or other benefits paid as a lump sum or in monthly payments.

*If your parents or the person who supports you or your legal guardian are retired, please provide a copy of an official pension slip or bank statement showing pension payment.

*If your parents or the person who supports you or your legal guardian works as an informal trader, please provide an affidavit signed by them to confirm this employment.

If either of your parents is deceased, please provide a certified copy of the death certificate.

If your parents are divorced, please provide a certified copy of the divorce decree.

If either of your parents does not live at home, please provide an affidavit explaining the reasons.

If you are supported by someone who is not your parent or legal guardian, please provide an affidavit explaining the reasons.

*Certified copy of a SASSA letter if any of your family members are receiving a social grant and are also contributing to your household income. This also applies to your legal guardian.

*If you have indicated that a dependent in your household is a student, please provide proof of registration or acceptance at the TVET college or university for each dependent.

If you have a disability, please complete the relevant supporting documents (please see website for details) and submit them with your application form.