

APPLICATION FOR FINANCIAL ASSISTANCE TO STUDY AT A PUBLIC UNIVERSITY OR TVET COLLEGE

DEPARTMENT OF SOCIAL DEVELOPMENT DECLARATION

The National Student Financial Aid Scheme (NSFAS) requires personal information from agencies 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 third parties is treated confidentially and to protecting the privacy of the persons whose personal information is made available. NSFAS is further committed to using that information and to use that personal information in a lawful manner. You and your parents/guardians are required to provide consent for NSFAS to use and verify the information you provide by signing this form.

I confirm that by voluntarily submitting any personal information to NSFAS, in any form, it constitutes an indefinite, unconditional and specific consent for NSFAS to share such personal information with third parties, and to obtain relevant information from third parties. Third parties include government departments and entities, credit bureaus, institutions of higher learning and other agencies for the purposes of information validation, reporting, statistical analysis, credit and income validations to assess my financial eligibility, criminal checks, legal proceedings, audit and record-keeping purposes, debt tracing and/ or debt recovery purposes, securing funding on my behalf and to verify academic and registration data as required. The personal information to be obtained from SARS shall relate only to the employment status and income.

SURNAME, INITIALS OF STUDENT /APPLICANT

ID NUMBER

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CELLPHONE NUMBER

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 **To be completed by Social Worker**

I, the undersigned _____ (Full Name and Surname) in my capacity as _____ (position) at the Department of Social Development, hereby declare that _____ (Name and Surname of Child) _____ (ID number child) falls under the vulnerable child cohort. I declare that the information furnished herein is true and correct and that all required verifications were done.

PLEASE TICK THE APPLICABLE BOX

EXISTING CASE:	<input type="checkbox"/>	NEW CASE:	<input type="checkbox"/>
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SIGNATURE OF SOCIAL WORKER	<input type="text"/>
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DATE OF SIGNATURE

Y	Y	Y	Y	M	M	D	D
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SURNAME, FULL NAME OF SOCIAL WORKER

CELLPHONE NUMBER

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ID NUMBER OF SOCIAL WORKER

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SACSSP REGISTRATION NUMBER

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EMAIL ADDRESS

 **Disclaimer and Signature of Applicant**

By signing this application form, I accept and understand that this application does not guarantee that I will receive NSFAS administered funding. I acknowledge that any personal information and supporting documentation supplied to NSFAS is done so voluntarily in order to facilitate the processing of this application. I furthermore acknowledge that the information provided by me, is to the best of my knowledge both true and correct, and that I understand that any false or inaccurate information or documentation submitted may render the application ineligible and I may be subject to legal action. I understand and accept that if my application for financial aid is approved as eligible, funding is only confirmed and processed on receipt by NSFAS of valid registration costs from a public higher education institution for an approved funded programme. I accept that funding granted would be governed by the National Bursary Rules and Guidelines of the Department of Higher Education and Training which may be amended annually, and that I will comply with the annual requirements of funding. NSFAS will email a full NSFAS Bursary Agreement on receipt of valid registration data.

By submitting this application, I understand, acknowledge, and accept that my funding will be subject to the terms and conditions contained in the NSFAS Bursary Agreement. The NSFAS Bursary Agreement terms and conditions can be found on the NSFAS website www.nsfas.org.za.

SIGNATURE OF STUDENT	<input type="text"/>
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DATE OF SIGNATURE

Y	Y	Y	Y	M	M	D	D
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