

Study Assistance Application Form CR-HRD-014

| STUDY ASSISTANCE APPLICATION FORM | | | | | | |
|--|------|---------|--------|--|--|--|
| SECTION 1: PERSONAL DETAILS | | | | | | |
| surname | | | | | | |
| Name(s) | | | | | | |
| Date of birth | | | | | | |
| ID Number | | | | | | |
| Nationality | | | | | | |
| Gender (male/ female) | | | | | | |
| Race (African/ Coloured/ Indian/ White) | | | | | | |
| Are you a person living with a disability? If Yes, state nature of disability and attach medical certificate | | | | | | |
| Residential Address | | | | | | |
| Postal Address | | | | | | |
| Contact Numbers (Self) | | | | | | |
| Contact Numbers (Alternative) | Name | Tel & C | ell no | | | |
| Email address | | I | | | | |
| | | | | | | |

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Initial Release Date: 24/01/2019

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| SECTION 2: INTENDED STUDIES | |
|---|--|
| Enrolment date | |
| Course | |
| Subjects | |
| Institution | |
| Requested assistance | |
| (list required items e.g. tuition fees, text- books, etc. and state amount(s) re- quested and attach supporting docu- ments) | |
| NB: if amounts and supporting docu- ments are not submitted, your applica- tion cannot be processed | |
| Do you have a sponsor? Or have you applied elsewhere for sponsorship? Please furnish details | |
| Have you ever received sponsorship from Fuchs? | |
| SECTION 3: LAST SCHOOL ATTENDED | |
| Name and address of school | |
| Last grade passed | |

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| Subjects and marks achieved (please attach copy of results to this application) This section must be completed, otherwise form cannot be processed. | Subject | Marks |
|---|----------|----------|
| SECTION 4: POST SCHOOL STUDIES | <u>I</u> | <u> </u> |
| Qualification/ Course Studied | | |
| Institution | | |
| Subjects and marks achieved (Please attach full academic transcript) This section must be completed, otherwise form will not be processed. | Subject | Marks |

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| SECTION 5: FAMILY INCOME INFORMATION | | | | | | | | |
|---|--|--------------|-------------|---------------|---|--------------|------------------|---------------------|
| List members of your household (please attach proof of income or lack | Name | | Rel | lationship | Income source ployed/ grant/ employed, etc. | | t/self- | Income per month |
| thereof- confirming affidavit) | | | | | | | | |
| | | | | | | | | |
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| | | | | | | | | |
| If parents are not living in the same | Name | | | Income source | | | Income per month | |
| household, please provide their details | | | | | | | | |
| | | T | | | | | | |
| Do you have a family member working at | Yes/ No Name | | | | Rel | Relationship | | |
| Fuchs? | | | | | | <u> </u> | | |
| SECTION 6: Declaration | | | | | | | | |
| SECTION 6: Declaration | | | | | | | | |
| I declare that all information given in this | | | | | | | | |
| form and attached to this application is | | | | | | | | |
| true | Signature | | | Date | | | Place | |
| | | | | | | | | |
| IMPORTANT NOTICE | Certified ID copy | | | | | | | |
| Only 100% complete applications with all | Latest results | | | | | | | |
| Only 100% complete applications with all supporting documents will be consid- | Academic transcript | | | | | | | |
| ered. Tick documents attached | Proof of family income (payslips/ bank statements/ affida- | | | | | | | |
| | vit) | | | | | | | |
| | Motivation letter explaining why you believe you should | | | | | | | |
| | be granted sponsorship | | | | | | | |
| | Proof of family relationship or financial dependence on Fuchs employee (e.g. birth certificate or affidavit) | | | | | | | |
| | રુ. bir | th certifica | te or affid | avit) | | | | |
| | | | | | | | | |

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