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| **STUDY ASSISTANCE APPLICATION FORM**  **To be completed by the student applying.**  **Please complete the form as fully and as truthfully as possible.**  **By completing and submitting this form, you are consenting to the processing of your personal information. The processing of your personal information is regulated by the FUCHS’ Privacy Notification to Data Subjects when Collecting Personal Information, which has been availed to you. A copy of the Policy is also available upon written request.** | | | | | | | | | | |
| **SECTION 1: PERSONAL DETAILS** | | | | | | | | | | |
| Surname |  | | | | | | | | | |
| Name(s) |  | | | | | | | | | |
| Date of Birth |  | | | | | | | | | |
| ID Number |  | | | | | | | | | |
| Nationality |  | | | | | | | | | |
| Gender (male/ female/other) |  | | | | | | | | | |
| Race (African/ Coloured/ Indian/ White/Other (specify) |  | | | | | | | | | |
| Are you a person living with a disability? If Yes, state the nature of the disability and attach a medical certificate |  | | | | | | | | | |
| Residential Address |  | | | | | | | | | |
| Postal Address |  | | | | | | | | | |
| Contact Numbers (Self) |  | | | | | | | | | |
| Email Address |  | | | | | | | | | |
|  |  | | | |  | | | | | |
| Alternative Contact Person | Name | | | | Telephone & Mobile Number | | | | | |
|  | | | |  | | | | | |
| Email Address |  | | | | | | | | | |
| **SECTION 2: INTENDED STUDIES** | | | | | | | | | | |
| Enrolment Date - Month and Year |  | | | | | | | | | |
| Course |  | | | | | | | | | |
| Subjects |  | | | | | | | | | |
| Institution |  | | | | | | | | | |
| Requested assistance  (list required items e.g. tuition fees, textbooks, etc. and state amount(s) requested and attach supporting documents)  **NB: if amounts and supporting documents are not submitted, your application cannot be processed** | **Item requested** | | | | | | **Amount** | | | |
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| Do you have a sponsor? Or have you applied elsewhere for sponsorship? Please furnish details |  | | | | | | | | | |
| Have you ever received sponsorship from FUCHS? (No/Yes and year sponsored) |  | | | | | | | | | |
| **SECTION 3: LAST SCHOOL ATTENDED** | | | | | | | | | | |
| Name and address of the school |  | | | | | | | | | |
| Year |  | | | | | | | | | |
| The last grade passed |  | | | | | | | | | |
| Subjects and marks achieved  (**please attach a copy of the results to this application**)  This section must be completed, otherwise, the form cannot be processed. | Subject | | | | | | | | | Marks |
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| **SECTION 4: POST-SCHOOL STUDIES** | | | | | | | | | | |
| Qualification/ Course Studied |  | | | | | | | | | |
| Institution |  | | | | | | | | | |
| Year |  | | | | | | | | | |
| Subjects and marks achieved  (**Please attach full academic transcript**)  This section must be completed, otherwise, the form will not be processed, even if the information has been provided previously. | Subject | | | | | | | | | Marks |
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| **SECTION 5: FAMILY INCOME INFORMATION** | | | | | | | | | | |
| List members of your household  (please attach proof of income or lack thereof - confirming affidavit) | Name | | Relationship | | | Income source (employed/ grant/self-employed, etc.) | | | | Income per month |
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| If parents are not living in the same household, please provide their details | Name | | | Income source | | | | | Income per month | |
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| Do you have a family member working at FUCHS? **Please Note: family member may be liable for tax.** | Yes/ No | Name | | | | | | Relationship | | |
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| I, the undersigned, (Parent/Guardian), hereby give my consent for FUCHS to conduct credit checks and acquire such other information as may be necessary to assess the Parent’s and/or Third Party’s creditworthiness, which may involve information being requested from any registered credit bureau, in order to conduct a credit assessment or affordability assessment in respect of the Parent and/or Third Party.  Signature: Date: | | | | | | | | | | |
| **SECTION 6: Declaration by Student** | | | | | | | | | | |
| I declare that all information given in this form and attached to this application is true and correct.  In order for an accurate assessment to be made, I hereby give consent to FUCHS to obtain information regarding academic and discipline history from my current and/or past school.  *(if below 18, parent or guardian must sign)* |  | | |  | | | | |  | |
| Name and Signature | | | Date | | | | | Place | |
|  | | | | | | | | | | |
| **IMPORTANT NOTICE**  Only 100% complete applications with all supporting documents will be considered. Tick documents attached | Certified ID copy | | | | | | | | |  |
| Grade 12 results | | | | | | | | |  |
| Latest results | | | | | | | | |  |
| Academic transcript | | | | | | | | |  |
| Proof of family income (payslips/ bank statements/ affidavit) | | | | | | | | |  |
| Motivation letter explaining why you believe you should be granted sponsorship | | | | | | | | |  |
| Proof of family relationship or financial dependence on a FUCHS employee (e.g. birth certificate or affidavit) | | | | | | | | |  |
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