



52nd ISOCARP LEGACY PROJECT

ISOCARP BURSARY APPLICATION FORM



ISOCARP LEGACY BURSARY Application Form

Submission Date
15 January 2018

In order for your application to be processed, please ensure that you complete all sections of the application form and attach all supporting documents.

PLEASE NOTE: You must write your identity number in the top right-hand corner of every page of the application form and on every page of all of your supporting documents in order for your application to be processed. The ISOCARP Legacy Committee will not be able to process applications without an ID number.

INSTRUCTIONS

- Read carefully before completing, signing or submitting this form.
- Ensure that this form is completed in full.
- Complete in BLOCK LETTERS.
- Note that this bursary cannot be used to pay for existing loans or debts.

Criteria:

- Ensure that this form is duly signed.
- Application forms with incomplete information will be disqualified.
- Application forms with incorrect information will lead to your application being disqualified.
- No faxed application forms will be accepted.
- Applications received after the closing date will not be considered.

Ensure that you meet the following:

Attach **ALL** of the following documents **REQUIRED**:

- Certified copy of a valid senior certificate (Grade 12).
- A copy of the letter of acceptance or proof of registration from an accredited planning programme.
- Certified copy of the latest academic transcript or record on official letterhead or logo (if you are already at university or university of technology).

ID Number _____

- Certified copy of a valid South African identity document (certification must not be older than six months).
- A one-to-two page personal statement.
- A completed ISOCARP Legacy Bursary application form.
- Two letters of recommendation.
- A written verification or copy of the accredited planning programme costs for one academic year of study.
- A resume of work experience and background (if applicable), if not incorporated into personal statement.

- Post completed forms to or hand delivered to:

Posted to:

**The Chairperson of the ISOCARP Legacy
Committee
c/o The South African Council for Planners
P.O. Box 1084
Halfway House
Midrand
1685**

Electronically to:

zradebe@sacplan.co.za

Hand delivered to:-

**The Chairperson of the ISOCARP Legacy
Committee
c/o The South African Council for Planners
International Business Gateway Office Park,
Cnr New Road & 6th Road,
Midridge Office Park -Block G. 1st Floor
Midrand
1685**

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SECTION A - PERSONAL DETAILS OF APPLICANT

1.	Surname												
2.	First names												
3.	Date of birth												
4.	Place of birth												
5.	Identity No.												
6.	SA Citizenship	Yes						No					
7.	Gender	Male						Female					
8.	Race	African		Indian		Coloured		White					
9.	Do have a disability	Yes						No					
	If YES, describe the nature of disability:												
10.	Residential address with postal code												
11.	Postal address with postal code												
12.	Address while Studying (If not living at home) with postal code												

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13.	Contact telephone numbers including dialling codes	Home		Cellular	
		Parent / Guardian		Other Contacts	
14.	Email address				
15.	Have you ever been found guilty of a criminal offence?	Yes	No		
		If yes, please specify the nature and date of offence:			
16.	SACPLAN Category of Registration and Registration number				

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SECTION B - HIGH SCHOOL ATTENDED

1.	Name of school					
2.	School address					
3.	Province					
4.	Grade (Please tick)	Currently in Grade 12			Completed Grade 12	
5.	Years attended	From:			To:	
6.	Subjects (List them below)	Higher Grade	Symbol	Standard Grade	Symbol	Percentage
6.1						
6.2						
6.3						
6.4						
6.5						
6.6						
6.7						
6.8						
6.9						
6.10						

NB: Attach proof of the latest results.

ID Number _____

SECTION C - POST MATRIC QUALIFICATIONS

1.	Full name of highest qualification completed		Nature of qualification	Degree			
				Diploma			
2.	Full name of qualification currently enrolled for		Nature of qualification	Degree			
				Diploma			
3.	Have you discontinued your studies		Yes	No	Not Applicable		
4.	If discontinued, for what reasons?						
5.	If presently studying, which year of study? (Please tick)	First Year	Second Year	Third Year	Fourth Year	Honours	Masters
6.	Student number						
7.	Name of institution						
8.	Address of institution						
9.	Major Subjects				Marks / % obtained		
List the subjects	9.1						
	9.2						
	9.3						
	9.4						
	9.5						
	9.6						
	9.7						
	9.8						

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	9.9	
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NB: Attach proof of latest academic results or academic transcript/s

SECTION D - INTENDED STUDY FOR THE NEW ACADEMIC YEAR

1.	Name of qualification			
2..	Are you receiving any other bursary or loan?	Yes	No	If YES, describe below the nature of financial assistance and any obligations involved and provide the name of the institution that granted the bursary/ loan assistance:

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SECTION E – DETAILS ABOUT PARENT(S) / GUARDIAN(S) / NEXT OF KIN

1.	Surname												
2.	First names												
3.	Identity No.												
4.	SA Citizenship	Yes						No					
5.	Gender	Male						Female					
6.	Relationship	Mother	Farther	Other, specify									
7.	Residential address with postal code												
8.	Postal address with postal code												
9.	Contact telephone numbers including dialling codes	Home						Cellular					
		Work						Other Contacts					
10.	Email address												

SECTION F – INCOME AND EXPENDITURE

To be completed by the person(s) that is currently responsible for your payment of your studies

Please add three (3) months Bank Statements

	INCOME per month	EXPENSES per month
Salary / Pension		
Partner's Salary / Pension		
Government Subsidy (please specify)		
Investments		
Other Income:		
Living/Housing:		
Rent/Mortgage		
Electricity		
Water/Sewer		
Telephone		
Other:		
Regular Payments:		
Student Loan		
Credit Cards		
Other Loan Payments		
Medical Aid		
Car/Home Insurance		
Life Insurance		
Child Care		

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Other:		
Food Expenses:		
Groceries		
Other:		
Personal Expenses:		
Personal Care		
Clothing/Shoes		
Doctors, Dentists, etc.		
Prescriptions		
Other:		
Transportation:		
Petrol / Diesel		
Bus, Taxi, Train, etc.		
Other:		
Total Income		
Total Expenses		
TOTAL INCOME MINUS TOTAL EXPENSES:		

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SECTION G – DECLARATION

1. I hereby, declare that **ALL** the information provided in this application form is complete and correct.
2. I hereby, acknowledge that if **ANY** of the information provided in this application form is found to be incomplete and/or incorrect, my application will be disqualified.

3. Signature of

3.1 APPLICANT : _____

3.2 Date : _____

4. Signature of

4.1 PARENT / LEGAL GUARDIAN: _____

4.2 Date : _____

(In the presence of a Commissioner of Oath):**COMMISSIONER OF OATH:**

I certify that the Applicant has acknowledged that he/she knows and understands the contents of this declaration, which was sworn to before me and that the Applicant's signature was placed thereon in my presence.

Commissioner of Oath's Full Names : _____

Designation : _____

Area of Appointment : _____

Date : _____ 20_____

Stamp