



**ANDRIES STEENKAMP BENEFIT SHARING BURSARY  
APPLICATION FORM**

**CONTACT & PERSONAL INFORMATION:**

FULL NAME(S): \_\_\_\_\_

SURNAME: \_\_\_\_\_

ID NUMBER: \_\_\_\_\_

GENDER: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CONTACT NUMBER: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

**EDUCATION:**

NAME OF HIGH SCHOOL:  
\_\_\_\_\_

ARE YOU CURRENTLY IN GRADE 12? YES/NO

IF "NO", WHEN DID YOU MATRICULATE? \_\_\_\_\_

AT WHICH TERTIARY INSTITUTION ARE YOU APPLYING TO STUDY?  
\_\_\_\_\_

FIELD OF STUDY (1<sup>st</sup> CHOICE)  
\_\_\_\_\_

FIELD OF STUDY (2<sup>nd</sup> CHOICE)  
\_\_\_\_\_

**MOTIVATION:**

- 1. **WRITE A SHORT MOTIVATIONAL LETTER ABOUT WHY YOU WOULD LIKE TO RECEIVE A BURSARY FROM THE *ANDRIES STEENKAMP BENEFIT SHARING TRUST*.**

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I, the applicant, \_\_\_\_\_ hereby declare that I have read and understood the *Andries Steenkamp Benefit Sharing Trust Bursary Guidelines* and that I have truthfully filled out all areas of this Application Form.

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**Signature (The Applicant)**

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**Date**