



# HOMOEOPATHIC ASSOCIATION OF SOUTH AFRICA

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## HSA BURSARY FUND APPLICATION FORM

Applicant Surname:

Applicant First Names:

### PASSPORT PHOTO TO BE PLACED HERE:

(Head and Shoulders)

All completed forms to be forwarded to:

The Chairperson of Education

Fax: 0866728417

OR

Email: [info@hsa.org.za](mailto:info@hsa.org.za)

Are you a current HSA Member?

YES\* NO

What is your HSA membership number?

Date of renewal/application:

\*Required

### Note:

For South African citizens or permanent residents ONLY.

The student to whom the bursary shall apply must complete the form.

Please ensure that all applicable sections are completed.

The HSA reserves the right to reject any applications found to be incomplete.

Please read the Notes and Instructions on the last page **before** completing this application form

Age:

Gender: (Please place a cross for the appropriate choice)

Male:

Female:

Population Group:

Black

Coloured

Indian

Asian

White

Other:

Course: (Please cross the course and institution you wish to study at)

MTech Hom

Other:

UJ

DUT

Institution:

Year of Study:

1

2

3

4

5



# HSA

## A. PERSONAL DETAILS:

1. Name of present university (if applicable):											
2. Name of proposed university/institution:											
3. Permanent home/residential address in full:											
4. Chosen postal address:										Tick if same as residential address:	
<input type="checkbox"/>											
										Postal Code:	
5. Email Address:											
6. Cell phone Number:											
7. Home telephone number:											
8. Fax Number:											
9. Additional Contact Person:											
Name:						Contact No.:					
10. Details of parent or guardian:											
Name:											
Occupation:											
Place of work:						Contact No.:					
11. Birthdate:											
Day:				Month:				Year:			
Place of birth:											
12. Age in years this December:											
13. SA Citizen:											
YES <input type="checkbox"/>						NO <input type="checkbox"/>					
14. Permanent Resident in SA:											
YES <input type="checkbox"/>						NO <input type="checkbox"/>					
15. SA ID Number:											



# HSA

<b>16. Marital Status:</b>				
Single <input type="checkbox"/>	Married <input type="checkbox"/>	Divorced <input type="checkbox"/>	Widowed <input type="checkbox"/>	Other:

<b>17. Languages</b> ( <i>indicate fluency e.g. completely fluent = 100%</i> )			
Language	Read	Write	Speak

<b>18. Do you suffer from any physical or other disabilities?</b>		
YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, please elaborate:

## B. EDUCATION

<b>1. Name of last/current Secondary School attended:</b>
Address of Secondary School:
Dates attended:
Maximum Standard Completed:

<b>2. Please specify most recent results</b> ( <i>high school</i> ):		
Grade:	Year:	
Subject	HG/SG	Percentage/Symbol

<b>3. Have you completed Matric?</b>	
YES <input type="checkbox"/>	NO <input type="checkbox"/>



# HSA

If no, when will final matric results be available?

Are you repeating any matriculation examinations?

YES

NO

If yes, please list the subjects below:

Subject	HG/SG	Percentage/Symbol

**4. Have you undertaken any post-matric studies excluding full-time university?**

YES

NO

If yes, please give details of the course you are studying at present and qualifications obtained:

Institution	Course/Qualification	Year Obtained

**5. Are you currently enrolled in a University programme:**

YES

NO

If yes, please complete the following and ensure to include a copy of an official academic record:

Institution	Degree	Present Year of Study

Do you intend completing this degree:

YES

NO

If yes, what year do you expect receiving your degree:

**6. Do you have any additional University degrees:**

YES

NO

If yes, please complete the following:

Institution	Degree	Year Obtained

**\*PLEASE ATTACH YOUR FULL ACADEMIC RECORD TO DATE, INCLUDING CERTIFIED COPIES OF MATRIC CERTIFICATE, COURSES, PROGRAMMES, CERTIFICATES OR DEGREES OBTAINED AND ANY LATEST AVAILABLE RESULTS.**



# HSA

## C. ACHIEVEMENTS

1. Give details of all your activities at school or in the community, and your role in them:

Give details of any activities (academic or otherwise) in which you have done well either at school and / or university: (\* Please attach a sheet of paper if this is not sufficient)

2. To which Societies or Clubs do/did you belong? Give details if you serve or have served on any committees:

## D. GENERAL

1. Where did you find out about the bursary?

Newspaper <input type="checkbox"/>	Website <input type="checkbox"/>	School <input type="checkbox"/>	University <input type="checkbox"/>	HSA <input type="checkbox"/>	Other:
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2. Do you currently hold any other scholarship or bursary?

YES <input type="checkbox"/>	NO <input type="checkbox"/>
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If yes, please provide details:

Provider of Bursary:	Qualification purpose:
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Dates of Bursary:

Obligations of current bursary:

3. Have you ever held any other scholarship or bursary?

YES <input type="checkbox"/>	NO <input type="checkbox"/>
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If yes, please provide details:

Provider of Bursary:	Qualification purpose:
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Dates of Bursary:

Obligations:

4. Have you ever worked after leaving school?

YES <input type="checkbox"/>	NO <input type="checkbox"/>
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# HSA

If yes, please provide relevant details – refer to CV if required:

Position/Function	Employer/Organisation	Dates	Contact Person

**5. Please state why you have chosen the degree that you intend studying:**


**6. What kind of person are you? Please give a short description about yourself – strengths, weaknesses, personality type.**




# HSA

## E. FINANCIAL INFORMATION

This section of the application is to be completed, with respect to Section 3.2 of the HSA Bursary Scheme Document. Bearing in mind the intentions of the HSA Bursary Scheme, please complete this section honestly in order to provide the greatest chance of reaching all those requiring financial assistance.

<b>1. Please rate, as accurately as possible, your need for financial aid as follows (please cross):</b>				
1. I AM NOT IN NEED OF ANY FINANCIAL ASSISTANCE AND WILL COMPLETE MY STUDIES REGARDLESS OF EXTRA FUNDING  <input type="checkbox"/>	2. LACK OF FINANCIAL ASSISTANCE WILL NOT AFFECT MY STUDIES  <input type="checkbox"/>	3. FINANCIAL ASSISTANCE WILL EASE MY ABILITY TO COMPLETE MY STUDIES  <input type="checkbox"/>	4. FINANCIAL ASSISTANCE IS GREATLY NEEDED AND WILL SIGNIFICANTLY CONTRIBUTE TO THE COMPLETION OF MY STUDIES  <input type="checkbox"/>	5. WITHOUT FINANCIAL ASSISTANCE I WILL EXIT THE PROGRAMME FOR THE UPCOMING ACADEMIC YEAR  <input type="checkbox"/>
<b>2. I hereby declare that in accordance with the information provided above that I have no additional funds which would be able to provide for my education requirements.</b>				
YES			NO	

*Please provide a written motivation for financial aid as required not exceeding 2 typed pages including any additional documentation aimed at substantiating this motivation.*

## F. DECLARATION

I, \_\_\_\_\_ IN MY CAPACITY AS APPLICANT/PARENT/GUARDIAN, DECLARE THAT THE ABOVE PARTICULARS ARE COMPLETE AND CORRECT.

1. I confirm that the information contained in this application is, to the best of my knowledge, correct and truthful and I understand that if it is not, I may be eliminated from consideration in the selection process. If, after being admitted to the training scheme, any falsehoods or omissions are discovered in my application, I understand that any HSA Bursary Agreement may be terminated in line with the terms and conditions of such agreement.

2. I understand that all statements in my application may be investigated and I authorise the organisation to contact the following persons who might be able to speak about my abilities and suitability for the bursary for which I have applied:

\_\_\_\_\_

3. I understand that an investigation of me might include reference checks from my school / university / previous employer/s. I authorise any school/university and/or employer, to provide the HSA with relevant information and opinions that may be useful in making a decision, and release such persons and organisations from legal liability in making such statements.

(Please specify persons/institutions you would like us to contact.)

\_\_\_\_\_

4. I hereby indemnify the HSA and/or the HSA Bursary Committee and/or the HSA Bursary Scheme or any HSA employee or Executive or Board member against any claim for illness or accidental injury sustained by me during a visit to their operations, should I be invited to attend such a visit.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date



# HSA

## NOTES & INSTRUCTIONS

Please read these notes and instructions carefully before completing this application form. Be sure to read every section and that the information you provide is accurate.

1. Incomplete application forms will not be considered.
2. Closing date for application is **15 June 2016**.
3. Bursaries will only be allocated for the year following the one in which the applicant is received or for the current year expressly determined by the HSA Bursary Committee.
4. You must supply all the information requested, or explain why you cannot provide it.
5. Do not attach original documentation. Attach certified copies only.
7. A passport-size photograph of the applicant must be attached to in the specified area of the front page of the application form.
8. It is the responsibility of the applicant to ensure or apply for entrance to the applicable course.
9. For your information we wish to advise you that our selection process on acceptance of your application consists of an interview, written requirement and any other criteria adjudged to be necessary by the HSA Bursary Committee.
10. Please ensure that a full CV accompanies this application form
11. Any change of address or contact number of the successful applicant must be forwarded to the HSA in writing within 30 days of such change.
12. Please do not submit irrelevant documentation other than what is requested or materially pertinent to your application. You may make references to award certificates, qualifications etc in your CV and these will be requested if deemed necessary.

## FOR OFFICE USE ONLY

Application Complete (all 8 pages)	<input type="checkbox"/>
CV Provided	<input type="checkbox"/>
Certified Copies of Academic Record(s)	<input type="checkbox"/>
Certified Copy of Matric Certificate	<input type="checkbox"/>
Certified Copy of ID	<input type="checkbox"/>
Certified copy of official acceptance letter from the applicable institution (if available)	<input type="checkbox"/>
A suitable motivation for Financial need (not more than 2 types pages): Dependant on motivation or identified need: <ul style="list-style-type: none"><li>- Have you included original or certified copies of pay-slips for you or your parents / guardian?</li><li>- If you or your parents / guardians are self-employed, have you included a copy of the latest financial statements or a sworn affidavit?</li><li>- If your or your parents / guardians are unemployed, have you included sworn affidavits?</li><li>- In the case of deceased parent(s) / guardian / spouse, have you included a certified death certificate or a sworn affidavit?</li><li>- If your parents are still alive but you reside with a guardian, have you included a pay-slip of your guardian?</li><li>- If your parents or you are divorced, have you included a certified copy of the divorce certificate?</li><li>- If your parents are separated, have you included a sworn statement from one of them confirming their separation?</li></ul>	<input type="checkbox"/>
A copy of the relevant contract of any other funding / bursaries	<input type="checkbox"/>
Additional Requirements:	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

