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| **NELSON MANDELA UNIVERSITY****2025 PART-TIME SCHOLARSHIP FOR MASTERS AND DOCTORAL STUDENTS****APPLICATION FORM** |
| **PERSONAL DETAILS** |  |
| Title |  |
| First Names |  |
| Surname |  |
| NELSON MANDELA UNIVERSITY Student Number |  |
| Date of Birth |  |
| Race (Mark with “X”) | African |  | Indian |  | White |  | Coloured |  |
| Citizenship |  |
| ID / Passport Number |  |
| Cell Phone Number |  |
| E-mail Address |  |
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| **PROPOSED STUDY** |  |
| Project Title |  |
| Research Aims and Objectives |  |
| Faculty / Unit |  |
| Department |  |
| Degree |  |
| Full-time / Part-time | Full-time |  | Part-time |  |
| Name of Supervisor |  |
| Email Address of Supervisor |  |
| When will your studies commence? | 1st Semester  |  | 2nd Semester  |  |
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| **Bursaries, Scholarships & Sponsorships for 2025** |
| Have you applied for or been awarded any bursaries/scholarships for 2025? | Yes |  | No |  |
| If yes, kindly indicate the name and total amount(s) please |
|  1 - Bursary/Scholarship Name |  | Amount |  |
|  2 - Bursary/Scholarship Name |  | Amount |  |
|  3 - Bursary/Scholarship Name |  | Amount |  |
|  |
| Do you receive any form of sponsorship towards your studies(e.g. government sponsorship, employer allowances etc.) | Yes |  | No |  |
| If yes, kindly indicate the name and total amount please |
| Name |  | Total Amount |  |
|  |
| **Employed by NELSON MANDELA UNIVERSITY** |
| Will you be employed by NELSON MANDELA UNIVERSITY in 2025?(e.g. any possible contract lecturing, student assistantships etc.) | Yes |  | No |  |
| Will you receive a NELSON MANDELA UNIVERSITY staff discount in 2025? | Yes |  | No |  |
| If yes, indicate the discount reason |  |
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| **SUPPORTING DOCUMENTATION**Please confirm that the following documents have been attached |
| **CHECKLIST OF DOCUMENTS**(Mark with “X”) |
| Legible and valid certified ID/passport  |  |
| Official academic record on the University letterhead |  |
| Proof of admission or application for admission into either honours, masters or doctoral programme in the faculties of Education, Health Sciences and Law at Nelson Mandela University. |  |
| Stamped University account statement reflecting outstanding fees *(only for applicants with outstanding fees)* |  |
| Proof of NSFAS funding *(only for applicants previously funded by NSFAS)* |  |
| Medical certificate confirming disability *(only for applicants with disabilities)* |  |
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| **TERMS AND CONDITIONS** |
| Before submitting this application to the Office of Research Development, please read the following information carefully.Incomplete applications will not be considered. Applicants are strongly advised that the Part-time Scholarship is not guaranteed and it is in your own best interests to apply for bursaries or scholarships from external sources wherever feasible, since a Nelson Mandela University scholarship alone will most likely not be adequate to cover all costs for the academic year.If you do not receive notification in writing, students must please liaise with the Office of Research Development regarding the outcome of their applications. Awards that have been allocated and not claimed by 30 April of the year of award will automatically be forfeited. Contact details are as follows: Tel: (041) 504-4510Email: welma.vanheerden@mandela.ac.zaIt is the applicant’s responsibility to communicate any change in circumstances (registration, income, employment, health and personal etc.) to the Office of Research Development timeously. |
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| **DECLARATION** |
| I hereby declare that the information stated in this application is true and correct to the best of my knowledge. I have submitted this information knowing that, if I wilfully stated in it anything which I know to be false or which I do not believe to be true, I may be declared ineligible for this bursary and/or any sums already paid or granted to me may be withdrawn and would render me ineligible from applying for any Nelson Mandela University funding. I further understand that dishonesty amounts to fraud and that disciplinary action may be taken against me for such misconduct if this application is not completed truthfully and honestly. I further undertake to inform the Office of Research Development of any change in my circumstances. I understand that my Nelson Mandela University student email address will be used as the primary means of communication, and I undertake to check these emails on a regular basis. I understand that I can be required by my Department/Faculty/Nelson Mandela University to work two hours per week without remuneration. In submitting this application, I acknowledge acceptance of the terms and conditions above. |
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| Print Name |  |
| Signature |  |
| Date |  |
| **RECOMMENDATION (supervisor)** |
| Comments |
| Print Name (supervisor) |  |
| Signature |  |
| Date |  |