APPLICATION FORM FOR BURSARIES FOR ACADEMICALLY PROMISING LEARNERS FOR 2020 ACADEMIC YEAR

NAME OF COMPANY:

|  |
| --- |
|  |

CONTACT DETAILS:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Full Name & Designation | Contact Number  | Email address |
| Programme Coordinator  | Name:Destination: |  |  |
| Official authorized representative who will sign the funding contract  |  |  |  |

APPLICATION INFORMATION

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Qualification Name  | NQF Level | Level of study i.e. 1st year | **Total number of learners per level of study** | Total cost per learner |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

It is an offence in terms of the Skills Development Act of 1998 to provide false or misleading information in this Application.

Your application will be rejected should false or misleading information be found.

INSETA reserves the right to verify the documented responses.

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Full Names), in my capacity as \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ declare that the information provided is correct and according to my knowledge, I have authority to bind the company. Furthermore, I have satisfied myself to the extent, nature and regulations governing the proposed Programme from the INSETA Discretionary Grant Policy and related Guidelines.

Authorized Signatory: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature:

For more information or queries in this regard may be emailed to bursariesforyouth@inseta.org.za or contact Ms. Zibuyile Nkabinde on 011 381 8900/ 8935