



APPLICATION FOR A BURSARY FOR FURTHER STUDIES IN LAW

THIS BURSARY IS ONLY AVAILABLE TO PRACTISING ATTORNEYS & CANDIDATE ATTORNEYS

PLEASE NOTE:

- 1. COMPLETE FORM IN TYPED OR PRINTED WRITING**
- 2. IT IS TO YOUR BENEFIT THAT THIS FORM BE COMPLETED AS COMPREHENSIVELY AS POSSIBLE**
- 3. NOTE THE REQUIRED ANNEXURES (SECTIONS "B", "D" & "G")**
- 4. ATTACH A COPY OF YOUR IDENTITY DOCUMENT / OR PROOF OF PERMANENT RESIDENCY STATUS**

**ATTACH
PASSPORT SIZE
PHOTOGRAPH**

SECTION 'A' – PERSONAL PARTICULARS

| | |
|---|--|
| SECTION 'A' – PERSONAL PARTICULARS | |
| SURNAME | |
| FULL FIRST NAMES | |
| GENDER <i>(Male or Female)</i> | |
| RACE <i>(Black, Coloured, Indian, White)</i> | |
| DATE OF BIRTH | |
| IDENTITY NUMBER <i>(Attach A Certified Copy)</i> | |
| CITIZENSHIP | <i>(If You Are Not A S.A. Citizen, Please Attach A Certified Copy of Your Permanent Residence in S.A.)</i> |
| MARITAL STATUS | |
| DEPENDENT CHILDREN <i>(State Ages)</i> | |



Your Champion in the Legal Profession Since 1941

| | |
|---|---------------|
| BUSINESS ADDRESS | |
| | |
| | |
| | |
| | |
| | Postal Code : |
| BUSINESS TEL. NUMBER | |
| RESIDENTIAL ADDRESS | |
| | |
| | |
| | |
| | |
| | Postal Code : |
| HOME TEL. NUMBER | |
| CELLPHONE NUMBER | |
| E-MAIL ADDRESS | |
| POSTAL ADDRESS <i>(Address where correspondence must be sent to)</i> | |
| | |
| | |
| | |
| | |
| | Postal Code : |



SECTION 'B' – ACADEMIC QUALIFICATIONS

1. DEGREES OR DIPLOMAS OBTAINED

| DEGREE/DIPLOMAS | UNIVERSITY | DATE OF AWARD |
|-----------------|------------|---------------|
| 1.1 | | |
| 1.2 | | |
| 1.3 | | |
| 1.4 | | |
| 1.5 | | |
| 1.6 | | |

PLEASE ATTACH ACADEMIC TRANSCRIPT FOR ALL, IF ANY, DEGREES/DIPLOMAS

SECTION 'C' - PROFESSIONAL PARTICULARS

| | | |
|--|----------------|----|
| 1. HAVE YOU BEEN ADMITTED AS AN ATTORNEY? | YES | NO |
| 2. WHEN WERE YOU ADMITTED AS AN ATTORNEY? | ____/____/____ | |
| 3. ARE YOU PRACTISING AS AN ATTORNEY AS PRESENT? | YES | NO |
| 4. PRESENT POSITION | | |
| 5. NAME OF EMPLOYER/FIRM | | |
| 6. ADDRESS OF EMPLOYER/FIRM | | |
| | | |
| | | |
| | | |
| | Postal Code : | |



SECTION 'E' – GRANT APPLIED FOR

| | |
|---|----------|
| 1. Amount applied for: | R |
| 2. Purpose for which grant is required : Please indicate the amount you require in respect of the following items of expenditure. It is not essential that an amount be allocated to each item. | |
| Fees | R |
| Books | R |
| Other | R |
| | R |
| | R |
| TOTAL | R |

SECTION 'F' – GENERAL

| | | |
|---|------|--------|
| 1. Did you obtain leave from your employer for the proposed period of study | YES | NO |
| 2. If leave was obtained, will it be paid or unpaid leave | PAID | UNPAID |
| 3. If you have been awarded other financial assistance, please indicate the name of grantor and the amount awarded: | | |
| 3.1 | R | |
| 3.2 | R | |
| 3.3 | R | |
| 4. If you have applied for other assistance and are still awaiting the outcome, please indicate to whom you have applied and the amount for which you have applied. | | |
| 4.1 | R | |
| 4.2 | R | |
| 4.3 | R | |
| 4.4 | R | |



SECTION 'G' – FINANCIAL DETAILS

| | |
|--|----------|
| 1. APPLICANT (Assets & Liabilities) | |
| 1.1 ASSETS | |
| 1.1.1 Fixed property (market value) | R |
| 1.1.2 Motor vehicles | R |
| 1.1.3 Savings/investments | R |
| 1.1.4 OTHER (Specify) | R |
| TOTAL ASSETS | R |
| 1.2 LIABILITIES | |
| 1.2.1 Bond over fixed property | R |
| 1.2.2 Balance owing on vehicle(s) | R |
| 1.2.3 Overdraft | R |
| 1.2.4 Amount owing on credit card | R |
| 1.2.5 OTHER (Specify) | R |
| TOTAL LIABILITIES | R |
| 2. APPLICANT (Income and expenditure) | |
| 2.1 INCOME (per year) <i>Please attach a certified copy of your monthly payslip</i> | |
| 2.1.1 Salary during study period | R |
| 2.1.2 Other financial assistance (Section 'F.3' above) | R |
| 2.1.3 Assistance from other sources (specify) | R |
| 2.1.4 OTHER (Specify) | R |
| TOTAL INCOME | R |
| 2.2 EXPENDITURE (total of Section 'E') | R |
| 3. Do you possess other loose assets? Please provide details: | |
| | |
| | |
| | |
| | |

PLACE: _____

DATE : _____

SIGNATURE: _____

SUMMARY FOR OFFICE USE ONLY

| | |
|-----------------------------|--|
| 1. Name | |
| 2. Occupation | |
| 3. Proposed study/research | |
| 4. Subject of study | |
| 5. University/institution | |
| 6. Period of study/research | |



CHECKLIST

1. Have you attached your passport size photograph to the application form?
2. Are you a South African Citizen?
If not, have you attached a certified copy of your permanent residence in South Africa?
3. Have you attached a certified copy of your identity document?
4. Have you attached your academic transcript for all degrees or diplomas obtained?
5. Are you applying for a LL.D, PHD or MPIL bursary?
If so, have you attached a letter of acceptance from the university?
6. Have you attached a certified copy of your monthly payslip?
7. Have you signed and dated your application?
8. Is this the original application form?
We do not accept faxed or e-mailed application forms, please post or hand deliver your original application form.

IF YOU DO NOT ATTACH THE ITEMS LISTED ABOVE, YOUR APPLICATION FORM WILL BE INCOMPLETE.

THE INCOMPLETE FORM WILL BE RETURNED TO YOU AND IT WILL NOT BE SUBMITTED TO THE BURSARY COMMITTEE UNTIL ALL THE NECESSARY INFORMATION IS PROVIDED.

Kindly direct all queries to :

Shawn Africa on 021 - 424 4608 or e-mail to : shawn@fidfund.co.za