

# APPLICATION AND CONTRACT FOR EDUCATIONAL BURSARY (PLEASE PRINT CLEARLY) (F2)

The applicant is responsible to ensure that ALL information is provided and all necessary supporting documentation is submitted to the Regional Society by END JANUARY.

## **PERSONAL DETAILS**

Name:	Surname:			
Tel Number:	E mail :			
Cell Number:	ID number:			
SANC Reg Nr:	SASOHN Membership Nr:			
Current Qualifications				
EMPLOYE	R DETAILS			
Name of Employer and Manager:				
Employer Address:				
Tel N	r Manager:			
Have you received any financial assistance from	om your employer? Yes/ No			
STUDY DETAILS				
Qualification to be obtained:	Training Institution:			
Duration of course:				
Reason for undertaking the study/course:				
Cost of course: Bursary	y amount required:			
Have you previously received a SASOHN burs	sary?			
Date, reason and amount:				

# STUDY CONTRACT

## **IMPORTANT**

Please attach all relevant documentation as specified in the SASOHN Rules of Procedure. Incomplete applications will not be accepted. If you are unable to trace a required document, a letter of explanation must be attached.

# I hereby agree to the following;

- 1 If I pass the examination, the amount SASOHN has assisted me with will be written off
- 2 Should I abandon my studies at any time before writing the final examination, or if I fail to successfully complete the course, I will be responsible to repay the full amount with interest SASOHN assisted me with, back to the Society in equal amounts over ten months.
- 3 If I fail the examinations item two will apply.

Applicant Signature		Date
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#### **CHECKLIST:**

	Documents required from applicant		Attached	
1.	Motivation letter from member for study.	Yes	No	
2.	Copy of proof of registration/application to study.	Yes	No	
3.	Copy of current SANC receipt.	Yes	No	
4.	Copy of last 2 year's SASOHN membership receipts.	Yes	No	
5.	Copy of written request submitted to employer for sponsorship.	Yes	No	
6.	Letter from employer declining requested sponsorship.	Yes	No	
7.	Budget for study including tuition, prescribed books and other costs.	Yes	No	
	Documents required from region			
8.	Letter from regional chairperson motivating the application	Yes	No	
9.	Other:	Yes	No	

## FOR COMPLETION BY THE REGIONAL CHAIRPERSON

Region:	Regional Chair:
Application supported /Not supported	Date:

Date Originated: 1998

Date Reviewed: Feb 2021

Review Date: Feb 2023

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# **FOR COMPLETION BY NATIONAL EXECUTIVE:**

Decision by National Executive Committee:	Approved/ Not Approved	
Reason:		
Amount:		
Signature of National Educational Representa	tive:	
Signature of President:		
Signature of Treasurer:		
Date:		

Date Originated: 1998 Review Date: Feb 2023
Date Reviewed: Feb 2021 Page 3 of 3