

THE AUBREY PARSONS STUDY GRANT

(Full time student)

NOMINATION FORM

The SAAFoST Foundation makes available an Aubrey Parsons study grant for each of the Departments of Food Science at the Universities of Stellenbosch, Pretoria, Venda and the Free State and the Departments of Food Technology at Cape Peninsula University of Technology, Durban University of Technology, the Tshwane University of Technology and the University of Johannesburg, based on performance, to the total value of R20 000 each, for the B.Sc(Hons) year(s) at Universities or the B-Tech year(s) at Universities of Technology. However, irrespective of how many years said B.Sc(Hons) or B.Tech actually take only a total of R 20 000 will be made available to a student.

Criteria

The students must have been members of SAAFoST for at least 12 months preceding the application. Nominations and recommendations by the Department Heads, based firstly on academic excellence and secondly, on need, must reach the SAAFoST Membership Development Officer by 15 February each year. The students should have an undisputed record of academic distinction, and maintain an average of **at least 70%** in their previous academic years. Nominations should include a copy of the nominee's academic record for the previous academic years. Only one student per Tertiary Institution can be nominated and awards cannot be shared and are not transferable.

The SAAFoST Foundation will adjudicate the nominations and their decision will be final. The award will be presented at a meeting of the local branch of SAAFoST or at another suitable SAAFoST event. Payment will be made to the institution towards the fees.

NOMINATION

I hereby recommend _____ (student number) _____ for the above award

for study in **2019** based on **2018** academic results at _____

Current Course: _____

Department: _____

Academic Institution: _____

Average obtained: _____

Head of Department (name)
Food Science & Technology

Head of Department (signature)
Food Science & Technology

Date

Telephone

Fax

E-mail

Academic Institution Banking Details:

Account name: _____
Bank: _____
Account number: _____
Branch code: _____
Reference: _____



Award Winner Details:

Name (as wanted on certificate): _____
Postal address: _____
Tel: _____ Fax: _____ Cell: _____ E-mail: _____
Member of SAAFoST since: _____ Membership No.: _____

PLEASE ENCLOSE SUPPORTING DOCUMENTATION. Return by e-mail or fax to the Membership Development Officer, by 15 February 2019 SAAFoST Membership Development Officer, PO Box 35233, Menlo Park, 0102. Tel: (012) 349 2788, Fax: 086 698 4784, E-mail: saafost.irene@telkomsa.net

CHECKLIST:

Ensure that you provide the following documentation with the completed nomination form:

-  A copy of nominees complete academic record for all previous years;
-  Proof of full time registration;