



**SAAFoST FOOD SCIENCE & TECHNOLOGY MATRICULANT
BURSARY – Full Time
APPLICATION FORM:**

NOTE: Please read the Bursary **Criteria** and **Conditions** carefully before completing this application form

Full Name (all names and surname)	
What course do you wish to study (1st choice)	
What course do you wish to study (2nd choice)	
At which Institution do you wish to study (1st choice)	
At which Institution do you wish to study (2nd choice)	
Cell phone number	
Email Address:	

CHECKLIST:

Ensure that you provide the following with your completed application form:

- A head & shoulders passport size photograph of yourself
- A certified copy of your ID book or RSA passport
- A certified copy of your Grade 11 final examinations and last Grade 12 examinations (Part B and C) **Achievement Rating of 5 or 60-69% in Mathematics and Physical Science**
- Personal Statement (Part D)
- Reference Letter (Part D)
- The Applicant's National Benchmarking Test

PLEASE COMPLETE ALL SECTIONS AND RETURN TO:

The SAAFoST Membership Development Officer
PO Box 35233
Menlo Park 0102
(Tel) 012 – 349 2788
(Fax) 086 698 4784
(e-mail) saafost.irene@telkomsa.net



A. PERSONAL DETAILS

FIRST NAME (S)	
SURNAME	
POSTAL ADDRESS	
RESIDENTIAL ADDRESS	
MOBILE NUMBER (PERSONAL)	
MOBILE NUMBER (FATHER)	
MOBILE NUMBER (MOTHER)	
FAX NUMBER	
E-MAIL ADDRESS (COMPULSORY)	
FATHER'S NAME & OCCUPATION	
MOTHER'S NAME & OCCUPATION	
RSA CITIZEN	YES () NO ()
DATE OF BIRTH	
ID NUMBER	

B. EDUCATION

NAME OF SECONDARY SCHOOL	DATES ATTENDED	GRADE COMPLETED

C. ACADEMIC ACHIEVEMENTS

** PLEASE ATTACH YOUR FULL ACADEMIC RECORD TO DATE*

SUBJECT	FETC ACHIEVEMENT RATING		
	Gr 10	Gr 11	Gr 12

D. PERSONAL ACHIEVEMENTS & CAREER OBJECTIVES

- a. Please provide details of all your achievements both at school and in your community

SCHOOL	COMMUNITY

- b. What are your hobbies / interests?

- c. Do you have or have you had a part-time job? YES () NO ()

If yes, please complete the details below

COMPANY / PLACE	POSITION HELD	LENGTH OF SERVICE

- d. Write a short personal statement of not more than 1 A4 pages outlining how your education and training in the field of food science and technology will make a positive difference in your life and in the life of the scientific community. Please attach this to your application form.
- e. Please submit a one page reference letter written by someone who has known you in a learning capacity for at least 3 years. The purpose of the letter is to get a sense of you character. Please attach this to your application form, with full contact details of the referee.
- f. Please interpret the captions in each block using one or two sentences to describe what this means to you:

This time last year...	
Today....	
This time next year...	
My role model....	
Being involved with SAAFoST will....	
In the next 15 years I will be....	
I see food science and technology as...	

E. BURSARY DETAILS

- a. If you are successful in your application for the SAAFoST Bursary and you had your first choice of course and institution:
 - i. When will you start?
 - ii. Which subjects will you take?
 - iii. What extramural activities do you plan to get involved in & why?

*** PLEASE NOTE THAT APPLICATION FOR TERTIARY EDUCATION TO YOUR INSTITUTION OF CHOICE & RESIDENCE IS YOUR RESPONSIBILITY AND SHOULD BE DONE TIMEOUSLY. DO NOT WAIT FOR THE BURSARY TO BE AWARDED BEFORE STARTING THIS STEP.**

F. GENERAL

a. Where did you hear about this bursary?

Newspaper		Career Talk	
University Handbooks		Family / Friends	
Career Exhibition		School / Teacher	
Other			

b. When did you first become interested in the field of food science and technology?

c. Have you spoken to or spent time with a qualified food scientist or food technologist?

YES ()

NO ()

If yes, please provide details of the company, position of the person and the time spent with him / her.

I hereby confirm that to the best of my knowledge all the information on this application form is true and correct. By signing this application form I further agree to and understand the conditions of this bursary.

SIGNATURE OF APPLICANT:

DATE:

SIGNATURE OF PARENT / GUARDIAN:

DATE: