



**TRACKER  
SAPS BURSARY APPLICATION FORM**

Please complete this form in block letters and return it to Tracker's Corporate Social Investment Division by no later than 30 November, preceding the year of study, for which application is sought.

<b>NEW APPLICATION:</b>	<b>APPLICATION FOR RENEWAL:</b>
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**Application forms must have the following attached:**

- Previous year's examination results
- Copy of the deceased parent's death certificate
- ID copy of the applicant
- Proof of cost of course being studied or to be studied
- Proof of provisional acceptance by an accredited Tertiary Institution
- One page motivation as to why you wish to study in this particular field

**1. PLEASE COMPLETE THE FOLLOWING:**

<b>FULL NAME OF APPLICANT (STUDENT):</b>	
<b>DATE OF BIRTH:</b>	
<b>IDENTITY NUMBER:</b>	
<b>POSTAL/PHYSICAL ADDRESS:</b>	
<b>CONTACT DETAILS: (telephone numbers)</b>	Land line: _____ Cell phone: _____
<b>NAME OF EDUCATIONAL INSTITUTION WHERE YOU ARE OR WISH TO STUDY:</b>	
<b>COURSE NAME:</b>	
<b>YEAR OF STUDY:</b>	1 ST _____ 2 ND _____ 3 RD _____ 4 TH _____

**2. DETAILS OF PARENT/GUARDIAN**

<b>FULL NAME OF DESEASED PARENT / GUARDIAN:</b>	
<b>LAST POLICE STATION AND RANK</b>	
<b>PARENT'S SAPS FORCE NUMBER:</b>	
<b>SIGNATURE OF APPLICANT: DATE:</b>	_____ _____

**NB. THE TRACKER SAPS BURSARY SCHEME COVERS TUITION FEES ONLY. FOR BOARDING AND LODGING, LEARNERS WILL HAVE TO MAKE ALTERNATIVE ARRANGEMENTS.**

**AMOUNT OF BURSARY:** R \_\_\_\_\_

**CSI & COMMUNICATION DIRECTOR:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**TRACKER CONTACT DETAILS:**

**Tel: (011) 380 0300**

**Fax: (011) 215 8900**

**Postal address: P O Box 2492**

**CRESTA**

**2118**

**Physical address: Stonemill Office Park**

**Republic Road**

**Darrenwood**

**2194**

**Email: [tbokaba@tracker.co.za](mailto:tbokaba@tracker.co.za)**