



SOUTH AFRICAN ACTUARIES DEVELOPMENT PROGRAMME
 P O BOX 2460, Houghton, 2041
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 applications@saadp.co.za | www.saadp.co.za

BURSARY APPLICATION FORM

CLOSING DATE: 31 AUGUST

Please insert 'YES' next to the applicable box below:

Current Matric learner	<input type="checkbox"/>	Current Actuarial Science Student - In 1st year?	<input type="checkbox"/>
		In 2nd year?	<input type="checkbox"/>
		In 3rd year?	<input type="checkbox"/>

Which University are you intending/proposing to attend or are attending?

PERSONAL DETAILS

Title		Surname			
First Names					
Postal Address					
Postal Code		Province			
Date of Birth		S.A. Identity Number			
Gender		Nationality			
Race (insert 'yes')	<input type="checkbox"/> Black	<input type="checkbox"/> Indian	<input type="checkbox"/> Coloured	<input type="checkbox"/> White	
Home Language		Other Language(s)			

Applicants' Contact Details

Telephone	Area Code		Number	
Fax	Area Code		Number	
Cell Phone				
Email address				

Who can we telephone to contact you urgently?

Name and Surname				
Telephone	Area Code		Number	
Cell Phone				

PLEASE ATTACH THE FOLLOWING TO YOUR APPLICATION FORM:

1. Recently certified Grade 11 Report Card - (for Grade 12 learners)
2. Recently certified Grade 12 June Report Card - (for Grade 12 learners)
3. Recently certified South African ID Copy - (for both Grade 12 learners and current university students)
4. Your academic transcript - (for current university students)

YOUR FAMILY: Fill in the information about your family

Member of family:		Standard of Education	Occupation	Employer
Name	Relationship			

DESCRIBE 5 OR MORE CLEAR REASONS WHY YOU WANT TO BE AN ACTUARY

Large empty text area for describing reasons for wanting to be an actuary.

WRITE A PARAGRAPH ABOUT YOURSELF INCLUDING YOUR:

1. Academic achievements
2. Leadership qualities
3. Overall involvement in your community

Large empty text area for writing a paragraph about oneself including the listed points.

PROTECTION OF PERSONAL INFORMATION ACT (POPIA)

We, the parents/guardians of / I, the applicant of the SAADP bursary accept that the information provided to SAADP was given voluntarily and that SAADP may:

- Store the data in its files and electronic systems.
- Share with relevant parties documentation via SMS, email, fax, post or hand delivery.
- Generate and share with relevant parties all academic, attendance, behavioral and other programme/bursary-related records.
- Use both the provided and generated data for purposes of providing relevant services to the applicant (including but not limited to; contacting parents, providing him/her with relevant support; updating the alumni register, researching and reporting on the programme's demographics and
- Pass it on to relevant parties where required to do so as part of the programme's reporting and where legally required to do so.

PERMISSION TO USE PHOTOGRAPHS

I understand and acknowledge that, from time to time, informal and formal photographs of the students are taken and that, insofar as these photographs are placed in the possession or control of SAADP, these photographs might be used by SAADP in electronic and printed media, including SAADP website, social media platforms, newspapers, brochures or banners for the purpose of marketing and promoting SAADP.

NB: PARENT(S)/GUARDIAN(S) TO SIGN BELOW ONLY WHERE AN APPLICANT IS UNDER 18 YEARS OF AGE

Please TICK or reply YES next to that which applies:

I, the applicant/We, the parent(s)/guardians GIVE PERMISSION for the use of my/our child's photographs as per above.
 DO NOT GIVE PERMISSION

Applicant's Name and Surname

Parent's/Guardian's name: Signature: Date

HOW DID YOU (THE APPLICANT) HEAR ABOUT BURSARIES OFFERED BY SAADP?

**Reply 'YES'
where
applicable**

1	From a visit by a SAADP representative to your school/area.	
2	From a friend.	
3	From an existing SAADP student.	
4	From a pamphlet handed out by a university. Which university?	
	Was is a SAADP pamphlet?	
5	Internet. Which website/social network?	
6	Media. Name of newspaper, radio station etc.	
7	If other, please specify.	

Applicant's Certification Statement

I certify that all information provided as part of this application is true and correct to the best of my knowledge. I give my consent to the South African Actuaries Development Programme to use the information provided herein for the purpose of bursary consideration.

Applicant's Full name and surname Date