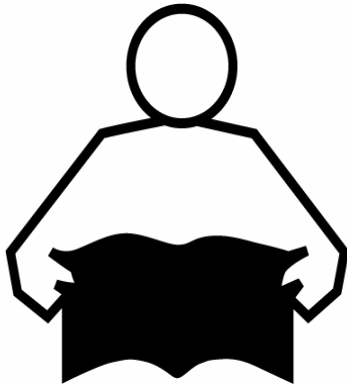


SAALED



National Office

Room 158, 1st Floor

Dunkeld West Centre
281 Jan Smuts Avenue
(Corner Bompas)
Dunkeld West

Membership Office

P.O. Box

Northlands

Johannersburg 2116

Tel/Fax: (011) 325 2406

Email:

membership@saaled.org.za

Website:

www.saaled.org.za

NPO 013 241

Bursary Application Form

First Name

Surname

ID Number

Postal Address

Postal Code

Physical Address

Postal Code

Telephone (h)

Telephone (w)

Fax (h)

Fax (w)

Cell Phone

Email

Institution

Postal Address

Postal code

Your address while
studying

Postal code

Telephone (h)

Telephone (w)

Fax (h)

Fax (w)

Cell Phone

Email

Course you intend
doing

Institution

School/ Institution

Postal Address

Postal code

Physical Address

Postal code

Telephone (h)

Telephone (w)

Fax (h)

Fax (w)

Cell Phone

Email

Your position

Your Salary

School/ Institution

Year Completed

Postal Address

1. Matric (*Please attach certified copy of Matric Certificate*)
2. Diploma/s and/or Certificate/s (*Please attach certified copies of qualifications*)

Qualification	Institution	Years (for e.g. 2000-2003)
---------------	-------------	----------------------------

3. Degrees (*Please attach certified copies of qualifications*)

Qualification	Institution	Years (for e.g. 2000-2003)
---------------	-------------	----------------------------

4. Post-graduate qualifications (*Please attach certified copies of qualifications*)

Qualification

Institution

Years (for e.g. 2000-2003)

Workplace

Position held

Dates of employment

What are your reasons for requesting financial assistance?

Have you applied for other loans/bursaries?

What has been the result of your application?

What is your motivation for working with learners who have special needs?

Please elaborate on your involvement to date with these learners

References that we can contact in connection with your competency and interest in Specialised Education

References that we can contact in connection with you competency and interest in Specialised Education

Name

Address

Contact Details

Signature of Applicant

Name in Block Letters

Date