

Ms Pako Modibedi Tel: (012) 664-8459 Fax to email: 087 056-0046 Email: <u>pako@samhsfund.co.za</u>

APPLICATION FOR SAMHS FUND UNDER-GRADUATE STUDY GRANT CLOSING DATE: 28 FEBRUARY 2025

Criteria for the allocation of study grants.

- SAMHS Fund study grants are awarded in limited quantity and on merit to SAMHS Fund contributors as approved by the SAMHS Fund Executive Board.
- Grants are available to the principal contributor or one dependent per household.
- The grants, a once off gift voucher of R 2000.00, are only for second or subsequent years of under-graduate study and preference is granted to new applicants who have not previous been awarded a SAMHS Fund study grant.
- Qualifying institutions: Universities, Universities of Technology and Technical Colleges
- Applications from students studying on state expense will not be considered.
- Students who already receive study bursaries from other institutions will be excluded.
- Note: Fraudulent claims will be managed under the appropriate regulations.

Documentation to please be submitted with the application form by emailed or handed in at the SAMHS Fund Office:

- a. Certified copy of student's Identity Document.
- b. Certified copy of Examination results of 2024.
- c. **Certified copy** of Proof of Registration for 2025.
- d. Recommendation by GOC / OC / Officer in Charge (Par 8) applicable: In the Force members.
- e. An affidavit is required if the applicant's surname is not the same as the dependant.

1. DETAILS OF SAMHS FUND CONTRIBUTOR

ID No:										Force No	o:							
Surname: Rank:																		
Full Names:																		
Postal Address: Code:																		
Physical Address:																		
												 	 C	ode	·			
Unit:																		
Cell no:									Tel V	Vork:		 	 					_
Email addre	ess:											 	 					

2. APPLICATION IS MADE FOR A STUDY GRANT FOR:

Relationship to contributor (Spouse / Daughter, Son or Self):									
ID No									
Surname:									
Full N	Full Names:								
3.	DETAIL OF STUDY YEAR: 2025								
	Name of Institution/University:								
	Study Course:								

Year of Study:

2 ND	3 RD	4 TH	5 ^{⊤н}	6 TH
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4. I UNDERSTAND THAT THIS GRANT WILL BECOME IMMEDIATELY REPAYABLE IF:

The dependant ceases studies during the year.

5. I HEREBY CERTIFY THAT:

Above-mentioned candidate is a bona-fide dependant of mine as defined in Chapter V of the General Regulations of the South African National Defence Force and the Reserve; and all information given above is true and correct.

6. BANKING DETAILS FOR ELECTRONIC TRANSFER OF FUNDS FROM SAMHS FUND

	Bank:	Branch Name:						
	Branch Code Acc Nr							
	Cheque Transmission	Savings						
7.	Cell phone number for Bank notification of tra	nsfer:						
SIG	NATURE MEMBER:	DATE:						
8.	Recommendation by GOC / OC / OFFICER I	N CHARGE applicable to In the Force Members						