

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 |
|-----------------|-----------------|-----------------|-----------------|-----------------|
|-----------------|-----------------|-----------------|-----------------|-----------------|

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 | | | | | | |
| | | | | | | | | |
| | | | | | | | | |