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Consent Form

APPLICATION FOR FINANCIAL ASSISTANCE TO STUDY AT A PUBLIC UNIVERSITY OR TVET COLLEGE

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SIGNATURE OF STUDENT		DATE
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SIGNATURE OF FATHER/ GUARDIAN		DATE
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SIGNATURE OF SPOUSE/ PARTNER (if applicable)		DATE
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SURNAME, INITIALS

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ID NUMBER

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Disclaimer and signature of applicant

By signing this application form, I accept and understand that this application does not guarantee that I will receive a NSFAS bursary. I acknowledge that any personal information and supporting documentation supplied to NSFAS is done so voluntarily in order to facilitate the processing of this application. I furthermore acknowledge that the information provided by me, is to the best of my knowledge both true and correct, and that I understand that any incorrect or inaccurate information or documentation submitted may adversely affect the manner in which NSFAS may comply with its obligations. I understand that if my application for financial aid is approved, the bursary agreement must be signed within 30 days after registration or NSFAS reserves the right to withdraw the approved bursary. I will then be liable for all fees at the university/college.

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