



Stellenbosch

UNIVERSITY
IYUNIVESITHI
UNIVERSITEIT

forward together
sonke siya phambili
saam vorentoe

STUDENTE NOMMER STUDENT NUMBER									2	0	2	3
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PIET NEETHLING OPVOEDKUNDIGE TRUST ALLE INLIGTING WORD STRENG VERTROULIK HANTEER SLUITINGSDATUM 15 SEPTEMBER			PIET NEETHLING EDUCATIONAL TRUST ALL INFORMATION WILL BE TREATED AS STRICTLY CONFIDENTIAL CLOSING DATE 15 SEPTEMBER			
SURNAME VAN		VOLLE NAME FULL NAMES				
DATE OF BIRTH		OUERDOM AGE		ID NOMMER ID NUMBER		
TELEFOONNOMMER TELEPHONE NUMBER		KODE CODE		STUDIEJAAR YEAR OF STUDY		
KONTAKADRES CONTACT ADDRESS						
BESONDERHEDE VAN ANDER BEURSE DETAIL OF OTHER BURSARIES						
LEIERSKAPPOSISIES BEKLEE OP SKOOL / LEADERSHIP POSITIONS OBTAINED AT SCHOOL						
BESONDERHEDE VAN DEELNAME IN SPORT OP SKOOL / DETAILS OF PARTICIPATION IN SPORTS AT SCHOOL						
BESONDERHEDE VAN DEELNAME AAN KULTUURAKTIEWEITE OP SKOOL / DETAIL OF PARTICIPATION IN CULTURAL ACTIVITIES AT SCHOOL						
STOKPERDJIES EN ANDER BELANGE / HOBBIES AND OTHER INTERESTS						
REDES VIR U KEUSE VAN STUDIERIGTING / REASONS FOR YOUR CHOICE OF STUDY?						
ENIGE ANDER INLIGTING WAT U WIL VERSTREK TER MOTIVERING VAN U AANSOEK VIR FINANSIËLE ONDERSTEUNING. ANY OTHER INFORMATION THAT YOU WANT TO PROVIDE TO MOTIVATE YOUR APPLICATION FOR FINANCIAL ASSISTANCE.						
Hiermee verklaar ek dat die inligting verskaf, korrek is. I herewith declare that the information provided, is correct						
HANDTEKENING VAN APPLIKANT / SIGNATURE OF APPLICANT			DATUM / DATE			