

**REPUBLIC OF SOUTH AFRICA
NORTH-WEST PROVINCE
2024**

DEPARTMENT OF HEALTH

APPLICATION FORM: SCHOLARSHIP TO STUDY MEDICINE IN CUBA

SECTION A

APPLICANT'S DETAILS

Surname

First Names

Date of Birth

Residential Address

.....

..... Postal Code

Postal Address

.....

..... Postal Code.....

Local Municipality..... Ward Number.....

Telephone Number: HomeWork

Identity Number

Marital Status

Occupation

SECTION B

GUARDIAN/PARENT'S DETAILS

Surname

First Names

Residential Address

.....

..... Postal Code

Postal Address

.....

..... Postal Code

Telephone No.: Home Work

SECTION C

ACADEMIC DETAILS

MATRICULATION OR EQUIVALENT CERTIFICATE OBTAINED

Highest Standard Passed

Name of School
(PUBLIC/PRIVATE SCHOOL)

LOCATION OF SCHOOL

Town

Township

Village

Year Obtained

Subjects
.....
.....

TERTIARY TRAINING OBTAINED

Name of Institution

Degree/Diploma

Year of study

**APPLICANTS ARE REQUESTED TO ATTACH CERTIFIED COPIES OF THEIR
CERTIFICATES**

SECTION D

APPLICANT'S BACKGROUND

Home Background

Residential Address
.....
..... Postal Code
Home Telephone No.

(Tick the appropriate space)

LOCATION

Rural Urban Suburban
Number of rooms:
Self-owned Rented
Is your home electrified? Yes No
Are both parents working: Yes No
If No, specify
Relationship with house owner: Parent
Guardian
If not parent specify

SCHOOL BACKGROUND (High School)

Name & Address
.....
..... Postal Code
Type of School: Private Public
No. of classrooms at your school
No. of teacher at your School
No. of Pupils in your class

Facilities available at your school:

Library: Yes No

Sports facilities and equipments Yes No

Laboratory : Yes No

Text books Yes No

Does your school has a career guidance teacher / counsellor?

Yes No

If yes, specify

FINANCIAL BACKGROUND (To be completed by Parent/Guardian)

No. of people in your household

No. of working people in your household

Relations (e.g. Father)	Occupation	Income per month	Name & Address of employer/business

Attached recent pay slip if employed or a certified copy of most recent balance sheet if self employed.

Indicate all your dependants including the applicant.

Full Names	Age	Name of School / preschool/ Creche / University / College/ Technikon etc.

Give full details of capital in each of the following cases:

Investment	Savings	Furniture	Motor vehicle & (Make model)	Other e.g. Jewellery
R	R	R	R	R

EXTRA-MURAL ACTIVITIES

Do you participate in any extra-mural activities? (e.g. Sport, Choir, Youth Club, etc.)

Yes No

If yes, specify activity and the name of Club/Organisation.

.....

Have you ever held any position of leadership? (e.g. Class Prefect, Captain, Sport Captain, Committee member at school/community structure)

Yes No

If Yes, specify position and name of organization/ team/ /structure.

.....

Provide the name, address and telephone number of a person who can confirm the above question.

Name
 (IN FULL)

Address

.....

..... Tel. No.

SECTION E

1. Why did you choose this field of study?

.....

.....

2. How do you plan to use your skills?

.....

.....

.....

.....

3. If you became the first person to qualify in the field that you have chosen in the area where you live or any area within the Province, what are the first two changes that you could make?

a)

.....

b)

.....

.....

4. Give reasons why you would make such changes.

.....

.....

.....

5. Give names and addresses of three referees: (e.g. school teacher, priest etc.) not your relatives.

Name

Title

Address

.....

.....Tel. No.

Name

Title

Address

.....

..... Tel. No.

Name

Title

Address

.....

..... Tel No.

SECTION F

DECLARATION

TO BE SIGNED BY AN APPLICANT OR PARENT/GUARDIAN IN THE PRESENCE OF A COMMISSIONER OF OATHS

I declare that the information stated above is to the best of my knowledge true, correct and that I understand the conditions governing the grant of the scholarship and enter into the required agreement with the Department of Health and that any false information will automatically disqualify me from obtaining the scholarship.

.....
SIGNATURE OF APPLICANT

.....
**SIGNATURE OF PARENT/GUARDIAN
IN THE CASE OF A MINOR**

DATE

DATE

I certify that the despondent has acknowledged that he/she knows and understand the contents of this declaration which was sworn.

before me at on theday ofmonth
.....year.

.....
COMMISSIONER OF OATHS/JUSTICE OF PLACE

OFFICIAL STAMP