

2026 SIOC-CDT BURSARY APPLICATION FORM

Dear applicant

- Please **READ** the instructions before filling in the application form
- Only short-listed candidates will be contacted for an interview
- Application Closing date – **25 November 2025 at 12h00 (midday)**

Application methods:

1. Online via (preferred and encouraged): <https://duxpd.co.za/sioc-cdt-2026-online-bursary-application-form/>
2. Manual application: It will be the applicant's responsibility to ensure delivery and receipt of the application which must reach SIOC-CDT on or before the closing date and time to one of the below offices:

SIOC-CDT OFFICE PARK Corner Hendrick Van Eck and Ian Flemming Road Kathu 8446	THABAZIMBI HUB 11 Jourdan Street, Mollies Building Thabazimbi 0380
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INSTRUCTIONS FOR THE COMPLETION OF THE APPLICATION:

SIOC-CDT will only consider your application if you have taken care to complete this application legibly and in full, ensuring that all required documents have been attached.

1. Requirements – (mark yes or no)

I declare that I meet the following criteria set by SIOC-CDT	Yes	No
- I am a South African Citizen		
- I am not older than 35 years of age as at the 25 th of November 2025		
- I have an average pass mark of 65% or above (based on my latest academic results)		
- My gross household income is less than R600 000. (This must include both parents if they are working). Gross income is income before deductions.		
- I will be studying:		
• Full Time		
• Part Time		
- I am living with a disability (if applicable)		
- I live in or come from one of the following areas:		
• Gasegonyana		
• Joe Morolong		
• Gamagara		
• Tsantsabane		
• Thabazimbi		
• Other		
- I have proof of acceptance/or provisional acceptance at a public recognised institution of higher learning. If you do not have this then proof of application will suffice.		
- I meet the above requirements and understand that if I don't my application will not be considered for the SIOC Bursary		

2. Personal Details (Applicant)

- Your names and surname need to be exactly the same as your ID document!
- Your hand writing must be legible

Title: (Mr, Mrs, Miss): _____ Initials: _____

First Names in full: _____

Surname: _____

Identity number: _____

The town you were born in: _____ Home Language: _____

Gender:	Female	Male				
Race:	African	Asian	Indian	Coloured	White	Other

Other:

Do you have any form of chronic illness or physical handicap?	Yes		No	
If yes, provide details				
Have you been convicted of any crime?	Yes		No	
If yes, provide details				

Contact details

Applicant cell number				
WhatsApp number		Alternate cell number		
Home Telephone Number				
Email address				
Marital status	Single		Married	

Address:

Physical Address		Postal Address	
Postal code		Postal code	
Province		Province	

3. Personal details (Parent / Guardian)

Please tick what is applicable: I have –

One parent/guardian	Two parents/guardians	No parent/guardian
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Please complete parent/guardian detail if you ticked one or two above

Parent / Guardian 1

Title (MR, MRS, MS, DR,)		Identity number	
Initials		Nature of relationship	
First names as per ID Document			
Surname			
Employment Status	Employed	Unemployed	Self-employed Retired / Pensioner
If employed, nature of work			
Place of work			
Cell Number			
Alternative Contact Number			
Please select your parent/guardians highest qualification, Mark from table below:	Options:	Mark using X	
	- Grade 11 and lower		
	- Grade 12 (matric)		
	- Higher certificate		
	- Diploma		
	- Degree		
	- Post-Graduate		
	- Trade		
	- Other (Specify)		
Email address			

Parent / Guardian 2 (if applicable)

Title (MR, MRS, MS, DR,)			Identity number	
Initials			Nature of relationship	
First names as per ID Document				
Surname				
Employment Status	Employed	Unemployed	Self-employed	Retired / Pensioner
If employed, nature of work				
Place of work				
Cell Number				
Alternative Contact Number				
Please select your parent/guardians highest qualification, Mark from table below:	Options:		Mark using X	
	- Grade 11 and lower			
	- Grade 12 (matric)			
	- Higher certificate			
	- Diploma			
	- Degree			
	- Post-Graduate			
	- Trade			
	- Other (Specify)			
Email address				

4. School where you have completed/ are completing your NSC?

Name of High/Secondary School			
School Address			
City		State/Province/Region	
Postal Code		Local Municipality	
School telephone number		My high school is a quintile:	
Have you previously attended a tertiary institution?	Yes		No
If yes, please complete below			
Name of institution			
Name of Qualification			

How many years did you attend the above institution			
Are you wanting to return to your previously attempted studies?	Yes	No	
Please choose why you no longer attend the above institution	Options:	Mark with X	
	I graduated		
	I chose to discontinue my studies		
	I could no longer afford my studies		
	Poor academic Results		

5. Academics; Please attached your most recent academic results:

Note: All final results must be submitted by the 17th of January 2026. Late submissions will not be accepted.

Please tick the results you have attached to the application –

- Graded 12 June results/report card	
- Grade 12 prelim results - term 3 results/report card	
- University first semester results	
- Final Results (NSC if matriculated before 2024 or final tertiary academic results)	

6. University / TVET college & field of study accepted for?

Please fill in what is applicable

I have been accepted for or applied to:

Institution 1

Name of Institution				
Institution Type (Public or Private)				
I will be studying	Options:	Mark with X		
	Full-time			
	Part-time			
Field of study / Course name				
Student number / ID Number				
Year of study - tick which one applies	1 st year	1 st year extended	2 nd to 6 th year	Post Grad (Honours, Masters, PHD)

Institution 2

Name of Institution				
Institution Type (Public or Private)				
I will be studying	Options:	Mark with X		
	Full-time			
	Part-time			
Field of study / Course name				
Student number / ID Number				
Year of study - tick which one applies	1 st year	1 st year extended	2 nd to 6 th year	Post Grad (Honours, Masters, PHD)

7. How did you hear about SIOC-CDT community development trust?

SIOC-CDT Advertisement	
Family / Friend	
School / Teacher	
Internet	
SIOC-CDT website	
SIOC-CDT community programme	
Dux Website	
None of the above	

As an applicant I have benefitted from another SIOC-CDT programme, please tick yes or no:

Yes	
No	

If yes, please tick which one:

Programme name	Yes I participated in this programme:
SciMathUS	
Access for Success	
Other SIOC-CDT Programmes	

Do you have a relationship with any person (s) working for SIOC-CDT or DUX?

Yes _____ No _____

If yes: Name of person:

If yes: Nature of relationship:

8. Attach the following supporting documents? **compulsory*

NOTE: Your application will be rejected if any required document is missing.

All certified documents must not be older than 3 months

* A certified copy of your South African ID (Not older than 3 months)	
* A copy of your latest academic results (Grade 12 June results OR Grade 12 Prelims results, University 1 st semester results OR Final results)	
* A certified copy of your final NSC result if completed before 2025 (Not older than 3 months)	
* Proof of acceptance or provisional acceptance or proof of application at a recognised higher public education institution	
* Recent proof of residence (not older than 3 months) - Example of proof of residence: A copy of a utility bill in your own or parents/guardian's name <u>reflecting your physical address</u> e.g. rates and taxes or water and electricity account, bank statement reflecting your address, letter from landlord or affidavit from your local counsellor.	
* Proof of income of Parent or Guardian (most recent payslip) as listed in the application above; or certified declaration of unemployment (not older than 3 months); or affidavit confirming you do not have parents/guardians; or SASSA Grant recipient certificate.	
* Three months bank statement of parent/guardian (most recent). If you selected that you have no parent/guardians, please submit your own three months bank statement	
* If Applicable - Proof of income of Parent or Guardian 2 (most recent payslip) as listed in the application above; or certified declaration of unemployment (not older than 3 months); or affidavit confirming you do not have parents/guardians; or SASSA Grant recipient certificate.	
* If applicable, three months bank statement of parent/guardian 2 (most recent).	
* If applicable - medical Certificate confirming type of disability	

9. Declaration

Please read the declaration statements in the below table and tick using x for confirmation of your declaration, understanding and consent. Following the declaration, please ensure to sign the application form below.

Declaration Statement	Mark (x)
I declare that the information supplied in this application form is, to the best of my knowledge, true and correct. I understand that any false information will automatically disqualify me from obtaining any funding and could further lead to me being charged in a court of law for fraudulently receiving funding.	
I consent to the collection, collation, processing, storing and the use and disclosure of such information provided in this application between the selection provider, Dux Powered by People Dynamics, and the funder.	
I have read and accepted the Terms and Conditions. These are accessible on the following URL Link: https://duxpd.co.za/website-disclaimer/	

I consent to my application being shared with other potential funders?	Yes	No
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Signature: _____ Place: _____

Date: _____