



CDYUBF

Central District Youth Unit Bursary Fund

APPLICATION FOR FUNDING

Please read every section of the form, and fully complete all sections. Application forms without all supporting documents will not be processed by CDYUBF.

CDYUBF requires that you provide a cellphone number or an email address so that CDYUBF can communicate with you during the application process, and to inform you of the outcome of your application.

Please contact CDYUBF on info@cdyubf.co.za for more information.



SECTION 1: GENERAL INFORMATION

CLOSING DATE FOR APPLICATIONS: 15 February 2021

Application for Financial Assistance for Methodist undergraduate students in the Central District Youth Unit.

Please return the completed form with supporting documents to:

scan and email to: **apply@cdyubf.co.za** or fax to: **086 222 8637**

- 1 Please note that even if you may be eligible for CDYUBF funding, we advise you also apply for other bursaries/ student loans, as your application to CDYUBF does not guarantee acceptance.
- 2 CDYUBF will not consider you for financial assistance unless you meet its criteria for funding, details of which can be found on our website: www.cdyubf.co.za
- 3 Information and documentation required in support of this application, will ONLY be used for the purpose of assessing the financial eligibility of prospective students.
- 4 The information may be shared with third parties including circuit and society stewards and ministers and entity leadership for the purposes of information validation and to verify previous academic records and registration.
- 5 You are required to provide consent for CDYUBF to use the information you provide.



INSTRUCTIONS & CRITERIA

- 1 Please provide your ID number on the top of each page of this application.
- 2 Ensure that this form is completed in full.
- 3 Complete in BLOCK LETTERS and BLACK INK.
- 4 Note that a CDYUBF bursary cannot be used to pay for existing loans or debts, unless ratified by the Board of the CDYUBF.
- 5 Ensure that this form is duly signed.
- 6 Incomplete and late applications will be disqualified.
- 7 Applications are only open to Methodist members, who are part of the Youth Unit in the Central Synod.

REQUIRED DOCUMENTS

PLEASE READ THIS CAREFULLY BEFORE COMPLETING THIS FORM

1	Certified copy of valid South African Identity Document / card.
2	Certified copy of birth certificate (if you don't have a green bar-coded ID or smart ID card).
3	Certified copy of ID of your parent or legal guardian (if you are younger than 18 years of age or older but still dependent on household income of your parent or legal guardian).
4	Certified copy of a valid Senior Certificate.
5	Certified copy of the latest academic results or record on official letterheads or logo (if you are already at a university or TVET college).
6	Certified letter of registration on official letterheads or logo of university or TVET college for 2020.
7	A copy of your proof of residence (not older than 3 months)
8	“Methodist Certificate” signed by your relevant leaders on page 8.
9	Any other information which may assist us in making a decision on your application such as testimonials, CVs or affidavits



Your ID Number											
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SECTION 2: APPLICATION FORM

PART A: DETAILS OF APPLICANT

Please provide names and ID number as per ID document or birth certificate.

Surname			
First names			
ID Number			
Street Address			
Province		City/Town	
Suburb/ Village		Postal Code	
Cell phone		Email Address	
Postal Address (if not same as street address)			
Postal Code			



Your ID Number											
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Are you receiving any other form of financial assistance for your current studies?

Yes [] No []

If Yes, type of assistance

Loan [] Bursary [] Other []

If Yes, amount of assistance

Do you receive a SASSA grant?

Yes [] No []

PART B: DETAILS OF YOUR PREVIOUS MOST RECENT STUDIES

Please provide a copy of your latest/ most recent results as proof.

What are you doing this year?

Studying & not employed [] Studying & employed []

Highest Academic Level Achieved

Grade 12 [] 1st – 3rd Yr [] Final Yr/Level [] Post Grad [] Other []

Name of last School, College or University your attended

PART C: DETAILS OF YOUR CURRENT STUDIES IN 2021

University or TVET College	
Faculty	
Qualification studied (Full name)	
Level / Year of Study	



Your ID Number											
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PART D: DETAILS OF YOUR FAMILY

Are you married OR have financially supported yourself for more than three years OR both your parents are deceased and you have no legal guardian?

Yes [] No []

How many people are there in your family (including you)?

1 – 4 people [] 5 people [] 6 people [] 7 people [] 8 or more people []

Who is the primary bread winner/ financial supporter in your family?

What does the bread winner/ financial supporter do?

Employed [] Not employed [] Self-employed [] Studying [] Other []

Source of income for the bread winner/ financial supporter

Salary [] Pension [] Child support [] Maintenance [] Business []

Annual income for the bread winner/ financial supporter before tax/ deductions

Contact details for the bread winner/ financial supporter

Cell number	
E-mail address	



Your ID Number

Please complete the table below for the remaining members of your family. Parents, legal guardian details do not need to be included here:

^b School or Employed or Not-Employed or Studying

* relationship to you = husband/wife, partner, grandparent, sister or brother, uncle or aunt, son/ daughter.

PART E: FINANCIAL NEED

In your own words please tell us about your financial need in the family and for university and how assistance like our fund can make a difference to you and how you will use it:



Your ID Number											
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Please note that this section is to be completed by your resident minister or leaders in your society or circuit.

PART F: METHODIST CERTIFICATE

I, _____ resident minister at _____ (society) in _____ (circuit) in the Central Synod, confirm that _____ (Applicant) is a member of _____ (Youth Unit Entity) from _____ (year) and:

(please tick applicable)

	Is a full member of the Methodist Church of Southern Africa in good standing
	Is an active member of a Youth Unit entity in our Society / Circuit (i.e. Wesley Guild, Children's Ministry, YAM, Youth Groups, other) in good standing
	I am aware of the financial need that exists in the applicant's home.

I provide the following details for verification purposes:

Class Number:	
Class Leader:	
Class Leader Contact details:	
Minister responsible for youth:	
Contact Number of such minister:	
Circuit Office number:	

Minister (signature)

Official Stamp of Circuit or Society

Email confirmation is acceptable if physical interaction is not possible.



Your ID Number														
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Disclaimer and Signature

By signing this application form, I accept and understand that this application does not guarantee that I will receive a CDYUBF bursary. If I am not successful, I will be responsible for all required fees at the university/college. I understand that any false information provided as part of my application can disqualify me from receiving financial assistance and will result in immediate withdrawal of any approved bursary. I understand that if my application for financial assistance is approved, the bursary agreement must be signed within 30 days after award or CDYUBF reserves the right to withdraw the approved bursary. I will then be liable for all fees at the university or college.

Signature of applicant	
Date	
ID Number	
I give CDYUBF permission to validate the information I have provided with third parties	Yes [<input type="checkbox"/>] No [<input type="checkbox"/>]

CDYUBF will have to verify information relating to the employment status and level of income of the parent or guardian of the applicant. Such information will only be utilized for the limited purposes related to this application and will not be shared outside of such use.

Signature of parent	
Date	
ID Number	
I give CDYUBF permission to validate the information I have provided with third parties	Yes [<input type="checkbox"/>] No [<input type="checkbox"/>]