

BURSARY APPLICATION FORM

SACSC EDUCATIONAL COURSES

Complete this bursary application in full and fax it to:

Rene Albasini, SACSC, Fax: 086 630 3916 or e-mail to: rene@sacsc.org.za

The application form can also be downloaded from the SACSC website: www.sacsc.co.za

ALL BURSARY APPLICATIONS MUST BE ACCOMPANIED BY A **CERTIFIED COPY** OF THE APPLICANT'S ID

(Please ensure photo is clear therefore scanned emailed colour copy is preferable)

MEMBER DETAILS

Name: _____ Surname: _____

Preferred first name: _____ Gender: Male: ☐ Female: ☐

ID No: _____ Age: _____

Language: ☐ English ☐ Afrikaans ☐ Sotho ☐ Tswana ☐ Venda ☐ Xhosa ☐ Zulu ☐ Other

Ethnic group: ☐ Asian ☐ Indian ☐ Black ☐ Coloured ☐ White (To assist with BEE scorecard)

Region: ☐ Gauteng ☐ Mpumalanga ☐ Limpopo ☐ North West Province ☐ Eastern Cape ☐ Western Cape ☐ KZN ☐ Free State ☐ Other

Job title: _____ Organisation: _____

Physical address: _____

_____ Code: _____

Postal address: _____

_____ Code: _____

Tel: _____ Fax: _____

Email: _____ Cell No: _____

If applying for the ACSCL course, admission requirement is the successful completion of the CSCM course. Please provide details of relevant shopping centre experience if CSCM not passed (minimum 7 years' experience).

If you have completed the CSCM course and have passed, please give the Month: _____ Year: _____

Are you a registered member (by name) of SACSC through your sponsoring company? Please tick: Yes ☐ No ☐

If YES, please supply your membership number: _____

Checklist of information to accompany bursary application form:

- | | |
|--|--|
| 1. Copy of CV | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 2. High resolution head and shoulders photo emailed in .jpg format (ie must be 1MB or larger) | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. Completed Bursary application form (available on SACSC website www.sacsc.co.za) | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 4. Completed Education application form (available on SACSC website www.sacsc.co.za) | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 5. Certified copy of ID | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 6. Written motivation (±500 words) | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 7. Testimonials from two references with their contact details | Yes <input type="checkbox"/> No <input type="checkbox"/> |

Applicants must have been a registered member of SACSC for a minimum of two years.

Should the candidate fail the course, the full course fee will become due and payable immediately.

The candidates will therefore be required to sign an acknowledgement of debt to this effect.

The candidates will be required to commit to being available to mentor/answer questions/assist 2018 bursary students.

All candidates have to commit to attending at least one breakfast event in their region during the course of 2018.

Please obtain signatures from your Manager in support of this application.

Name of Manager: _____ Signature of Manager: _____

Designation of Manager: _____

Please tick the relevant course you are applying for a bursary for:

- ☐ Advanced Certificate in Shopping Centre Leadership (ACSCL): March 2018 - February 2019 (Closing Date: 16th February 2018)
- ☐ Certificate in Shopping Centre Management (CSCM): 09 - 15 September 2018 (Closing Date: 24th August 2018)

CLICK HERE TO SUBMIT YOUR COMPLETED FORM

By clicking on the above button, your completed form will be submitted to rene@sacsc.org.za

For enquiries please call **010 003 0228**.