

# 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](http://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 <a href="http://www.sacsc.co.za">www.sacsc.co.za</a> )   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 4. Completed Education application form (available on SACSC website <a href="http://www.sacsc.co.za">www.sacsc.co.za</a> ) | 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 2019 - February 2020 (Closing Date: 15<sup>th</sup> February 2019)
- Certificate in Shopping Centre Management (CSCM): 08 - 14 September 2019 (Closing Date: 23<sup>rd</sup> August 2019)

[CLICK HERE TO SUBMIT YOUR COMPLETED FORM](#)

By clicking on the above button, your completed form will be submitted to [rene@sacsc.org.za](mailto:rene@sacsc.org.za)  
For enquiries please call **010 003 0228**.