

Bryan Montgomery Bursary Fund Application Form 2026



CLOSING DATE: 7 FEBRUARY 2026

Please write clearly in block capitals and read the information document letter carefully before completing the form and ensure that all sections and questions are fully answered or filled in to prevent you from being disqualified from the selection process.

Send Completed Application and Supporting Documents to Elsu Gericke: elsu@sachefs.co.za

SECTION A - APPLICANT PERSONAL AND CONTACT DETAILS

Surname: _____

Title (Mr/Mrs/Ms): _____

Full First Names: _____

Marital Status: _____

Date of birth: _____

SA ID Number: _____

Age: _____

Race: _____

Physical Address: _____

City/Town: _____

Code: _____

Telephone (home): _____

Cell: _____

Email address: _____

Postal Address: _____

Code: _____

SECTION B - FAMILY AND FINANCIAL DETAILS DECLARATION OF FINANCIAL POSITION

To be completed by the parent/s, guardian/s or person/s on whom the applicant is dependant for financial support or assistance by clearly stating the relationship to the applicant.

NOTE: That this application will not be considered unless this declaration has been fully completed

Documents to be submitted with the application form are as follows:

- If there is no one in the family who is formally employed, state where the family income is derived from e.g. hawking, seasonal employment etc

Full name of student: _____

Name of person on whom student is dependent for financial support: _____

Financial supporters ID number: _____

Financial supporters relationship to student: _____ Age: _____

Occupation of financial supporter: _____

Full name and address of financial supporter's employer or own business: _____

Contact Numbers (home): _____ (Work): _____

(Cell): _____

Email Address: _____

Signature: _____

What will your total estimated costs be for the following:

Annual Tuition Fees: _____

Annual Book Fees: _____

Annual Accommodation Fees: _____

Total Fees Required: _____

SECTION C - STUDENT MOTIVATION AND DECLARATION

Please motivate the support of your application for the bursary fund in terms of your academic ability, financial need and future career plans.

I, _____ (print full names) declare that this information provided by me, is to the best of my knowledge correct and true and that I have not applied or been awarded any other bursary funds, which would disqualify my application.

Signature of Student

Date

NB: PLEASE NOTE THE APPLICATION MUST BE ACCOMPANIED BY A MOTIVATION LETTER FROM YOUR CULINARY SCHOOL PRINCIPAL / LECTURER ON AN OFFICIAL SCHOOL LETTERHEAD.