



Graduate School
Marketing • Supply Chain • Business

BURSARY APPLICATION FORM 20

STUDENT NUMBER

CLOSING DATE: 30 NOVEMBER

PLEASE READ THE FOLLOWING INSTRUCTIONS BEFORE COMPLETING THIS FORM (IN BLOCK LETTERS USING A BLACK PEN).

1. The bursary is awarded on the basis of financial need and academic achievement.
2. The bursary will not cover any textbooks, accommodation or pocket money.
3. Prospective bursary students may be called in for an interview before final selection.
4. The bursary will cover IMM Graduate School assessment fees.
5. Send the completed application form, including supporting documents to:
Bursary Applications, National Registrar, PO Box 35263, Northway, 4065.
6. The outcome of the bursary application will be released annually on 31 January.

PLEASE ATTACH
A PHOTOGRAPH

SECTION A: PERSONAL DETAILS (ALL STUDENTS)

TITLE Prof Dr Mr Mrs Ms Miss Other _____ GENDER Male Female

SURNAME As per ID Document _____ PREFERRED NAME _____

FIRST NAME(S) As per ID Document _____

ID NO

DATE OF BIRTH

MARITAL STATUS _____ MAIDEN NAME _____

NUMBER AND AGE OF CHILDREN _____

RESIDENTIAL ADDRESS _____

_____ CODE _____

POSTAL ADDRESS _____

_____ CODE _____

TELEPHONE NO. WORK: (_____) _____ HOME: (_____) _____

FAX: (_____) _____ CELL PHONE: _____

EMAIL _____ PREFERRED METHOD OF URGENT NOTIFICATIONS: SMS CELL

WORK DETAILS

OCCUPATION _____ NAME OF EMPLOYER _____

TELEPHONE NO. WORK: (_____) _____ EMPLOYMENT TYPE: PART TIME FULL TIME

SECTION B: DETAILS OF PARENT / GUARDIAN (Students living with thier parents/guardians)

FULL NAME AND SURNAME OF FATHER/GUARDIAN _____

OCCUPATION OF FATHER/GUARDIAN _____

FATHER/GUARDIAN TELEPHONE NO. WORK: (_____) _____

FATHER/GUARDIAN EMPLOYER _____

FULL NAME AND SURNAME OF MOTHER/GUARDIAN _____

OCCUPATION OF MOTHER/GUARDIAN _____

MOTHER/GUARDIAN TELEPHONE NO. WORK: (_____) _____

MOTHER/GUARDIAN EMPLOYER _____

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SECTION C: STUDENT SUPPORT CENTRE DETAILS (if applicable)

Name and branch of Student Support Centre which you currently attend: _____

State tuition type: (mark with an X)

Daytime

Evenings/Saturdays

Not applicable

Which IMM Graduate School programme are you enrolled for / intend enrolling for? _____

SECTION D: ACADEMIC QUALIFICATIONS

Name of School/College: _____ Year completed: _____

List the subjects/modules in which you were examined and the marks, grades or symbols you received: _____

Were you awarded any academic prizes or distinctions at high school? Please give details:

Did you hold any kind of office at high school (scholastic, sporting or other):

List all universities, colleges or other institutions where you have registered as a student (whether you completed the course or not)

	Year started	Name of degree/diploma/certificate	Full/Part time
1			
2			
3			
4			

Please supply a certified copy of all academic records from all external institutions (not IMM Graduate School)

SECTION E: GENERAL

Do you hold any other bursary or scholarships? Yes No If YES, state sponsor: _____

Did you qualify for an IMM Graduate School Bursary in the previous academic year? Yes No

SECTION F: ESSAY

Please submit and attach a one-page essay about yourself and how this bursary could assist you in your chosen studies.

SECTION G: STUDENT DECLARATION

I certify that the information that I have provided on this application is accurate and complete and that certified copies of documentation requested is attached.
I understand and accept that the outcomes of the bursary application will be released by 31 January via e-mail.

STUDENT SIGNATURE _____ DATE _____ / _____ / 20 _____

FOR OFFICE USE ONLY

Consultant name: <input style="width: 95%;" type="text"/>	Date application was received <input style="width: 95%;" type="text"/>	Documentation complete Yes <input type="checkbox"/> No <input type="checkbox"/>	Members of Evaluation panel <input style="width: 95%;" type="text"/>
Application approved Yes <input type="checkbox"/> No <input type="checkbox"/>	Authorised by <input style="width: 95%;" type="text"/>	Date <input style="width: 95%;" type="text"/>	

National Office: Johannesburg Atlas Studio, 33 Frost Avenue, Braamfontein Werf, P O Box 91820, Auckland Park, 2006, Tel +27 (0)11 628 2000, Fax to email 086 212 3272, Email info@immgsm.ac.za

Cape Town Administration Office: Level 3, Stadium on Main, Main Road, Claremont, Cape Town, 7708, P O Box 23998, Claremont, 7735, Tel +27 (0)21 671 4426, Fax to email 086 212 3201, Email info.ct@immgsm.ac.za

Durban Administration Office: 245 Peter Mokaba Road, cnr Valley View Road, Morningside, Durban, P O Box 35263, Northway, 4065, Tel +27 (0)31 312 2239, Fax +27 (0)31 312 6748, Email info.dbn@immgsm.ac.za

Ghana Administration Office: Chartered Institute of Marketing Ghana, 4th Floor I NCR Building, Opposite Roxy Cinema on The Kwame Nkrumah Avenue, PO Box GP 18235 I Accra-Ghana, Tel +27 11 628 2000, Email info.ghana@immgsm.ac.za

Nigeria Administration Office: National Institute of Marketing Nigeria, Centre for Management Development, Cmd Road I Ikosi Ketu I Shangisha Lagos, Tel +27 11 628 2000, Email info.nigeria@immgsm.ac.za

Zambia Administration Office: Zambia Institute of Marketing, 1st Floor I National Housing Authority, Annex Building I Chilufya Mulenga Road, Longacres I Zambia, PO Box 32180 I Lusaka, Tel +27 (0) 11 628 2000, Email info.zambia@immgsm.ac.za

Zimbabwe Administration Office: Suite N & P, Sam Levy's Village, Borrowdale, Harare, P O Box MP 394, Mount Pleasant, Harare, Tel +263 (4) 853177 or +263 773 475003 Email imm.zim@immgsm.ac.za