



ICS

Institute of Chartered Shipbrokers

BURSARY APPLICATION FORM

Please print and complete this form and return it to: icssa@ics.za.org

Bursary applications are reviewed annually in June and November.

IMPORTANT!

Please ensure the following documents are attached to you application:

- Certified copy of your Identity Document or Passport
- Record of academic results
- Letter of Motivation
- Reference letter from current/previous Employer or Principle

NOTES AND INSTRUCTIONS:

1. Make sure that you the information you provide is accurate
2. IT IS COMPULSORY TO FILL IN ALL SECTIONS OF THE BURSARY APPLICATION FORM
3. Incomplete Application forms will not be considered
4. Do not send original documentation. Attach required certified copies at the back of the application form.

APPLICATION DETAILS

State the career you wish to follow and why:

Have you applied for a bursary with ICS before? _____

Have you applied to other companies for a bursary? _____

State the company/ies: _____

State the course you would like to apply for: _____



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PERSONAL DETAILS

Surname:

First Names:

Date and place of birth:

Postal Address:

Physical Address:

Telephone number: _____ Mobile: _____

Do you have a criminal Record: YES / NO

If Yes, please specify:

EXTRAMURAL ACTIVITIES

Please supply details of the role you played in school or community activities:



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SECONDARY EDUCATION

School from which you Matriculated and Year:

Subjects passed and Grade:

_____ GR _____

_____ GR _____

_____ GR _____

_____ GR _____

_____ GR _____

_____ GR _____

Note: If you have written more than 6 subjects, you may attach additional records

TERTIARY EDUCATION

Institute from which you graduated and Year: _____

Highest qualification attained: _____

EMPLOYMENT

Company currently employed at:

Designation:

Employment period:

Reference and contact number:



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MOTIVATION

In your own words, write a letter of motivation for the ICS to consider offering you a bursary, and attach it to this application

DECLARATION

I confirm that the information contained in this application is, to the best of my knowledge, correct and truthful and I understand that if it is not, I may be eliminated from consideration in the selection process.

I understand that an investigation of me might include reference checks from my secondary or tertiary institutes and any previous employer/s.

If this application is successful, I shall accept that the bursary will be subject to standard conditions.

Date: _____

Signature of Student: _____

If under 21 years of age, Parent / Guardian to complete

I, _____ being the parent / legal guardian of,

_____ support his/her application.

Date: _____

Signature of Parent/Legal Guardian: _____

FOR OFFICE USE ONLY:

Date received:

Date sent to Education subcommittee:

Date applicant notified of decision: