



The SINDISWA CAROL 'TU' NHLUMAYO MERIT BURSARY

UNDERGRADUATE QUALIFICATION

APPLICATION FORM

SAIMI is proud to offer the Sindiswa Carol 'Tu' Nhlumayo Merit Bursary which enables young black women to pursue undergraduate or postgraduate studies in maritime-related fields and achieve success in their careers in the oceans economy.

Ms Sindiswa Nhlumayo was the Executive Head of the Centre for Maritime Excellence at the South African Maritime Safety Authority (SAMSA). She was responsible for promoting and driving the growth of skills and human capacity in the maritime sector, promoting research, development and innovation and unleashing opportunities for economic development lying in our coastal areas and inland waterways. She was directly responsible for spearheading and implementing the National Cadet Programme (including pioneering the training of cadets on the Dedicated Training Vessel SA Agulhas) and creating awareness of maritime careers, jobs, business and recreational opportunities, and by so doing, introducing our youth to the maritime sector. In recognition of her work, Ms Nhlumayo received many accolades including the IPM 'Business Leader of the Year' 2015 award, the Oliver Empowerment 2013 Best Female Public Servant award, and an award from the University of KwaZulu-Natal for being an exemplary alumnus.

The **SINDISWA CAROL 'TU' NHLUMAYO MERIT BURSARY** will provide an opportunity for young women from previously disadvantaged, designated groups to pursue a career in maritime related fields. Beneficiaries will also have the opportunity to participate in organised bodies such as Women in Maritime Africa (WIMA) and other bodies for women in science. SAIMI will foster partnerships with organisations that support women in maritime to empower and facilitate networks to support beneficiaries.

The bursary award will include the following:

- Full academic bursary cost of tuition fees, textbooks.
- Subsidized transport, accommodation and meal allowances (up to a certain amount, as set by the funder, National Skills Fund (NSF).
- Opportunity to attend SAIMI-hosted conferences and selected local maritime events.
- Opportunity to participate in organised bodies in maritime and science.

South African International Maritime Institute

PO Box 77000, Nelson Mandela University, Port Elizabeth 6031
Ocean Sciences Campus, Gomery Avenue, Summerstrand, Port Elizabeth
+27 (0)41 504 4038 • info@saimi.co.za
www.saimi.co.za



1. GENERAL INSTRUCTIONS

- 1.1 Please read these notes carefully before completing the application form. Make sure that you read every section and that the information you provide is accurate.
- 1.2 Application forms submitted without ALL supporting documents will not be processed by SAIMI.
- 1.3 SAIMI will only process the first application that we receive. Please do not submit more than one application unless SAIMI requests you to do so.
- 1.4 SAIMI requires a cellphone number and email address in order to communicate with you during the application process. If you do not already have an email address, you can create a free email account on Google at www.gmail.com, or on Yahoo at www.yahoo.co.za or any other free email service.

APPLICATION PROCESS:

Application forms are accessible online at https://saimi.co.za/

Please submit your application form and necessary documents to SAIMI by using the following method:

1. **Scan** or **email** your completed application form and supporting documents to SAIMI at **Email**: info@saimi.co.za

Telephone: (041) 504 4038

2. SELECTION CRITERIA

In order for your application to be processed, please ensure that you complete all sections of the application form and attach all supporting documents. Please tick Yes or No.

| | | Yes | No |
|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 2.1 | Be a South African citizen with valid ID number | | |
| 2.2 | Be a South African female from previously disadvantaged, designated groups ¹ , aged between the ages of 17-30 years. | | |
| 2.3 | Be either in Grade 12 or in possession of a National Senior Certificate (NSC). | | |
| 2.4 | Be provisionally accepted as a full-time student for a Maritime related qualification, into an accredited South African tertiary institution. | | |
| 2.5 | Be a full-time student, studying for a Maritime related qualification at an accredited South African tertiary institution and obtaining an average mark of at least 70% (academic progress will be considered). | | |
| 2.6 | Fall under the 'missing middle' financial category. | | |

 $^{^{1}}$ According to the Black Economic Empowerment Act of 2003 definition which means Black Africans, Coloureds and Indians. Included in the provisions to ensure that they must have been South African citizens prior to 1994 2 Students from middle income households whose parents earn more than R350 000 pa but less than R600 000 pa.

| | | *************************************** | |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|--|
| 2.7 | Obtain pass symbols of A's = Level 7, 80 – 100 % in Matric | | |
| | and B's = Level 6, 70-79% in Matric. | | |
| 2.8 | Submit the following documents: | 4 | |
| | ☐ Application form completed in full | | |
| | ☐ Motivation letter of no more than 500 words | al. | |
| | ☐ Certified Matric certificate or latest results (if in Grade 12) | | |
| | ☐ Certified copy of academic transcript | | |
| | ☐ Provisional letter of acceptance from tertiary institution | | |
| | ☐ Students who have already registered - Official quotation for tuition fees and textbooks | | |
| | ☐ Financial Statement indicating the status quo of the learner's account if applying for 2 nd , 3 rd or 4 th Year | | |
| | ☐ Learners who have not yet registered at university can provide an official quotation for tuition fees and textbooks, after registration | | |
| | ☐ Affidavit, in instance where one or both Parents/guardians are unemployed | | |
| | ☐ Proof of household income and/or SASSA letter if applicable (parents/guardian/spouse – if married in COP) | | |
| | ☐ Certified copy of ID | | |
| | ☐ Certified copies of parent/guardian ID or death certificate where parent is deceased. | | |

Failure to comply with the above requirements will result in the application not being considered.

Kindly note that successful applicants will be expected to sign Bursary contract.



- 3.1 The application will be evaluated by the SAIMI Bursary Committee, hereafter referred to as the "Committee".
- 3.2 The award will be issued depending on academic excellence and financial need, at the discretion of the Committee, which will also be responsible for annual reviews.
- 3.3 If the Beneficiary is already enrolled at an accredited institution, the bursary will cover approved costs until the end of the current qualification, subject to the bursary terms and conditions.
- 3.4 Beneficiaries must maintain an average mark of 70% during the course of the bursary funding.
- 3.5 Failure to maintain the prescribed average will result in the Beneficiary losing the bursary funding.
- 3.6 SAIMI has the right to terminate the bursary funding should a Beneficiary fail to comply with the stipulated requirements. SAIMI will notify the Beneficiary of its intention to terminate the bursary funding within 30 (thirty) days. The Beneficiary will have 7 (seven) days from date of receipt of the notice to terminate the bursary funding, in which to lodge an appeal of the decision taken by the Committee and produce evidence in support of her appeal. The Beneficiary will be notified of the outcome of her appeal within 5 (five) business days. The appeal decision taken by the Committee is final and binding.
- 3.7 The Beneficiary must inform SAIMI timeously, in writing, should she not be able to continue with her studies and furnish valid reasons to that effect. The motivation will be reviewed by the Committee, for a final decision. The decision taken by the SAIMI Bursary Committee is final and binding.
- 3.8 Mentorship Programme: SAIMI will, if possible, attempt to find suitable mentors to offer guidance and life skills support to Beneficiaries. If a Beneficiary has identified and or already has a mentor, then she should provide the name and a detailed CV of the mentor.
- 3.9 The Beneficiary should submit a certified full statement of results at the end of each term.
- 3.10 The Committee will also be responsible for annual reviews to determine the need for continued support.
- 3.11 You may only be considered for a Bursary if you do not receive a full-funding Bursary from another source.

NOTE: The personal information submitted herein shall be solely used for your registration with the South African International Maritime Institute (SAIMI) and the National Skills Fund (NSF).

All the information submitted herein shall be used for the purpose stated above, as mandated by law. This information may not be disclosed to the public. The SAIMI undertakes to ensure that appropriate security control measures are implemented to safeguard information on behalf of the data subject that is you, in terms of the Protection of Personal Information Act, 4 of 2013 that came into effect from 1 July 2020.

4. PERSONAL INFORMATION

Please complete all fields*: (Tick the appropriate boxes. Fields with * are compulsory)

| *Surname | | | | | | | | | | | | | | |
|-------------------------------------------------------------|-----------|---------|----------|--------|-----------|-------------|--------|-------------------------|--------|------|------------------|--------|------|--|
| *Full Names | | | | | | | | | | | | a[[[]] | | |
| *S.A. ID number | | | | | | | | | | | *Date birth | of | | |
| Title | Ms | | Miss | | Mrs | s | | Adv | | | Dr | | Prof | |
| Gender | Female | e | | | | | | | | | | | | |
| Marital statues | Single | | | Marrie | d | | | Divorced | | | Widow | ed | | |
| Population Group | Africar | า | | | Col | oured | | | | Indi | ian | | | |
| | Other | (please | specify) | | | | | | | | | | | |
| | | | | | | | disabi | , nature lity, provi | de | | | | | |
| Disability Do you receive a | Yes | | | No | | | proof | of disabilit | Sy | | | | | |
| SASSA grant (South African Social Security Agency) | | | | No | | | | | | | | | | |
| What are you doing | g this ye | ar? | | | | | | | | | | | | |
| Secondary School | | Er | mployed | | Not em | t ployed | | Studying & employed | d | | Studyin unemp | | | |
| *Home Address (Compulsory field) | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | Provin | ce | | | | | | | | | Postal | Code | | |
| *Current Residential | | | | | | | | | | | | | | |
| Address (Compulsory field) | | | | | | | | | | | | | | |
| | Provin | ce | | | | | | | | | Postal | Code | | |
| *Cell Number | | | | | | | *Alter | | onta | ct | | | | |
| *Email | | | | | | | *Total | househol | d inco | ome | R | | | |

| | | | | | 300 | | |
|----------------------------------------|----------------------------------------------------------|-------------------|-------------|-------------|-----|--|--|
| 5. SE (| CONDARY EDUCATION (Please attach your | full academic | transcript) | , and | | | |
| High School | | | | | | | |
| Physical | | | | | | | |
| address | | | | | | | |
| Province | | | | Postal Code | | | |
| Grade 12 | Subject | | Grade | % | | | |
| results (Final or latest | | | | | | | |
| term results) | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Year completed | | | | | | | |
| 6.1 | TERTIARY EDUCATION (Please attach your | full academic | transcript) | | | | |
| | y enrolled at a tertiary institution? | Yes | | No | | | |
| If Yes, please pro | ovide the following information: | | • | | | | |
| Institution na | ame | | | | | | |
| Student Num | ıber | | | | | | |
| Name of Qua | alification & Qualification Code | | | | | | |
| Major subjec | ts | | | | | | |
| Year of first I | egistration | | | | | | |
| Current year | of study (e.g. 1 st , 2 nd , etc.) | | | | | | |
| Who is currently funding your studies? | | | | | | | |
| What is the v | value of the funding? | | | | | | |
| If No, please pro | vide the following information: | | | | | | |
| □ Name o | of institution to which you have been | | | | | | |
| | nally accepted | | | | | | |
| ☐ Name of Q | ☐ Name of Qualification & Qualification Code | | | | | | |



7. STUDY DETAILS

| What type of accommodation will you make use of? | | | | | | | |
|---------------------------------------------------------------------------------|---------------|----------------------------|----------------|-------|--------------------------------------------|----------|--|
| Living with relatives (not in private accommodation) | | On-Campus Unive | • | | Off-Campus University accredited residency | | |
| Do you need funding for your accommodation during your studies? | | | Yes | | No | | |
| Do you need funding for mea | ls or are the | meals provided by | the resid | ency? | | | |
| Yes – Need funding for meals | | No – Meals are paresidency | ert of the Not | | Not ap | plicable | |
| Do you need funding for travel to the university or TVET college? | | | Yes | | | No | |
| Distance between accommodation (while studying) and university or TVET College? | | | | | | (Km's) | |

8. CONFIRMED SCHOLARSHIPS OR BURSARIES

(If you receive any form of financial assistance for your current studies, loan or bursary)

| Bursary Name | Amount |
|--------------|--------|
| | |
| | |
| | |
| | |

9. FULL DETAILS OF SCHOLARSHIPS OR BURSARIES APPLIED FOR WHERE THE RESULTS ARE AS YET UNKNOWN

| Bursary Name | Amount |
|--------------|--------|
| | |
| | |
| | |
| | |

10. PARENT / LEGAL GUARDIAN / SPOUSE INFORMATION

(if you are over the age of 18 and not dependent on the household income, complete: Next of kin and or other) (If you are under the age of 18, complete: Father, Mother and Legal guardian details only)

| | Father | Mother | Legal Guardian | Next of Kin | Other |
|----------------------------------------------------------------|--------|--------|----------------|---------------------|-------|
| Full Name | | | | | |
| ID Number | | | | | |
| Date of Birth | | | | | |
| Contributor or Dependant | | | | | |
| Relationship | | | | | |
| Present Activity | | | | | |
| Source of Income | | | | | |
| Annual income amount before deductions and tax (if applicable) | | | | | |
| Cellphone number | | | | | |
| Email address | | | | | |
| | | | | Total Annual income | |

Source of income amount to be included under gross income can be Salary, Pension, Child support, SASSA grant or Contribution (maintenance payment)

N.B. IF MARRIED IN COMMUNITY OF PROPERTY KINDLY PROVIDE CERTIFIED COPY OF MARRIAGE CERTIFICATE

11. FAMILY STRUCTURE DETAILS

Particulars of All Brothers and Sisters (Living in the same household)

The table below should be completed if you as the applicant are:

- Younger than 18 years, OR dependent on the household income of the parent or legal guardian OR are a contributor to the household income.
- Fill in family members names that are **contributors or dependant** to the family income. Parent, legal guardian or next of kin details should not be completed in this section.

| Initial(s) - Surname And Relationship | Gender M-Male F-Female | Age | Marital Status S-Single M- Married D- Divorced | No. Of Children (if any) | Present Activity (see below the table) | Contact No. | Gross Monthly Income |
|---------------------------------------------|------------------------|--------|------------------------------------------------|--------------------------------|----------------------------------------|-------------|----------------------------|
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |
| 4. | | | | | | | |
| 5. | | | | | | | |
| 6. | | | | | | | |
| 7. | | | | | | | |
| 8. | | | | | | | |
| | Total Ar | nual i | ncome | | | | |

Present activity: Secondary school, employed or self-employed, not employed, studying and employed, studying and not employed. **Relationship:** Spouse, partner, grandparent, sister, brother, uncle, aunt, son, daughter.

12. NEXT OF KIN (*Compulsory if not father, mother or legal guardian*)

| Next of Kin | | | |
|--------------------------------------|------------------|------------------|--|
| Name | | | |
| Surname | | | |
| S.A. ID Number | | | |
| Occupation | | | |
| Gross annual income (attach proof) R | | | |
| Physical Address | | | |
| Contact details | Cellphone number | Email Address | |

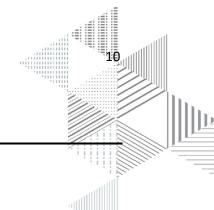


| | 13. DECLARATION BY APPLICANT | | | | | | |
|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|--|--|--|--|--|
| l, | , the applicant, do hereby declare that; | | | | | | |
| a. b. | | ented | | | | | |
| C. | | | | | | | |
| d. | I understand that it is my sole responsibility to apply and be accepted at the tertiary instrumentake my studies. | itution where I wish to | | | | | |
| e. | Do not send original documents (Birth Certificates, IDs etc.). Please send all documents erecently certified (within the last 3 months) copies to the application form. Certified affice electronically. | • | | | | | |
| f. | I understand that in order to be accepted by the respective tertiary institution I must me requirements. | et their application | | | | | |
| g. | g. I undertake to notify SAIMI in writing should I cancel or change my registration. I further acknowledge that suc cancellation is not valid unless given in writing. | | | | | | |
| h. | I will immediately notify SAIMI in writing should my details and or circumstances change | | | | | | |
| i. | I indemnify SAIMI in respect of any damages suffered by me during the course of my fun | | | | | | |
| j. | The information furnished by me herein is to the best of my knowledge true, correct and | • . | | | | | |
| k. | | · | | | | | |
| ι | altered or forged, I will be declared ineligible for this bursary and/or any sums already pa | | | | | | |
| | may be withdrawn and I will face legal action. | ild of grafited to file | | | | | |
| | 3 | | | | | | |
| Signe | d aton theof20 |) | | | | | |
| Signat | ture | | | | | | |
| | | | | | | | |
| | 14. DECLARATION BY PARENT / LEGAL GUARDIAN | | | | | | |
| I. | , the Parent/legal guardian do hereby declare tha | at: | | | | | |
| <i>,</i> | · · · · · · · · · · · · · · · · · · · | , | | | | | |
| a. | I am the legal guardian of the applicant and agree to the provisions contained in the declar | aration of the applicant. | | | | | |
| b. | | | | | | | |
| | applicant, myself or any third party representing myself or the applicant during the couher studies at the chosen university, irrespective of the cause of such damages, illness or | urse of or arising out of | | | | | |
| C. | I undertake to not institute any claim against SAIMI on account of any injuries or | | | | | | |
| ٠. | contracted by the applicant during the course of or arising during her funding by SAIMI. | .ooo barrered or miless | | | | | |
| | The approximating the desired of the desired of the straing for familiary 37 min. | | | | | | |

_on the__

Signed at

Signature_



FOR SAIMI OFFICE USE

BURSARY RECIPIENT DETAILS:

| STUDENT NAME | |
|------------------------|---|
| QUALIFICATION | |
| INSTITUTION | |
| STUDENT NUMBER | |
| BURSARY AMOUNT: | |
| - Tuition Fees | R |
| - Prescribed Textbooks | R |
| - Transport | |
| - Accommodation | R |
| - Meal Allowance | R |
| - TOTAL | |

CHECKLIST:

| | Yes | No |
|------------------------------------------------------------------------------------|-----|----|
| All required documents received and reviewed for compliance with bursary programme | | |
| rules? | | |

SAIMI APPROVAL:

| Date | Signature |
|------|-----------|
| | |
| | |
| | |
| | |
| | |
| | Date |