

TERTIARY EDUCATION — NEW APPLICATIONS 2022

Closing Date: 14 October to 10 December 2021

This form must be **completed in full**, failure to do so will result in disqualification and no further consideration for continuous education support will be allowed.

• All fields are compulsory • Complete in CAPITAL LETTERS and black ink. Mark with 'X'

• No **e-mailed applications** will be accepted • • **No late forms will be accepted after the closing date**• **Incomplete applications** will be automatically disqualified

Personal details
First Names of Military Veteran (in full as per ID document)
Surname of Military Veteran (in full as per ID document) Military Veteran/Guardian Cell Number
ID number of Military Veteran Email Address:
Email Address.
First Names of Student (in full as per ID document) Email Address student
Surname of Student (in full as per ID document)
ID November of Otondayat
ID Number of Student Student Cell Number
Student Disability Status (Mark X): If Yes, state Disability
Disabled Yes No
Student Equity Status (Mark X):
Equity Status Male Female
Current Residential or Postal Address of student
Current Residential of Postal Address of student
Post Code
Have you ever received Education Support from DMV (YES/NO)
If YES, in which year and what qualification Qualification:
IMPORTANT NOTICE ON EDUCATION SUPPORT
NB: Closing Date: 10 December 2021 All required documents must be certified and attached to the 2022 application form
(Certification must not be older than 3 months) <i>Mandatory</i>
Latest Academic transcripts 2021 <i>Mandatory</i>
2. Proof of acceptance/enrolment letter at the Institution for 2022 (Official Signed Letter)
Mandatory
3. Department of Military Veterans Database Verification Report (Both the Military Veteran and Dependant
must be registered). Mandatory
4. Unabridged birth certificate. <i>Mandatory</i>
5. ID document of the student. <i>Mandatory</i> 6. The Application form must be in original format (Not a copy of a copy)
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DECLARATION BY THE STUDENT (COMPULSORY)
I, the undersigned (Full Names) am the
Student whose details appear in this form; The completed content of the said form falls within my personal knowledge, unless stated otherwise and are both
The completed content of the said form falls within my personal knowledge, unless stated otherwise and are both true and correct;
tide and correct,
I further permit the Department of Military Veterans to conduct verification of any information provided if required.
The state of the s

Name of	the Institution	n					
Province	of Institution (C	Compulsory)					
Name of	Qualification (C	Compulsory)					
		tion of the Qualification	on (e.g.1 yr cou	rse, etc.)			
Name of	the Course in 2	2022 (Compulsory) y in 2022(e.g. 1 st , 2 nd	d ard ata \				
		cepted at the institut		res/No)			
	Email Address			1 00/110)			
I, declare	that the applica	nt is a bona fide stude	ent in the Instituti	ion and the inform	ation provided is t	rue and correct.	
Initials a	nd Surname Re	egistrar:					
Signatur	e of the Registı	rar:					
Date:				Coi	mpulsory Inst	itution Stamp	
Date							
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