



Dear Applicant,

Thank you for your interest in applying to the Tomorrow Trust. We look forward to receiving and reviewing your application over the coming months.

PLEASE NOTE THE FOLLOWING IMPORTANT INFORMATION:

- Applications will be open until 6 June 2022.
- Applicants must be between 18 – 25 years of age.
- Applicants must be a **South African** citizen.
- Applicants must be pursuing an **Honours Degree**.
- Applicants must be pursuing a qualification at one of the following institutions:
 - University of the Witwatersrand
 - University of Johannesburg
 - Stellenbosch University
 - University of Cape Town
 - Rhodes University
 - University of Pretoria
- Applications must be submitted with ALL requested documentation – Incomplete applications will not be considered.
- Clear copies of all documents must be submitted.
- Proof of registration and acceptance at University must be supplied before being accepted as a beneficiary of the Tomorrow Trust.

THE FOLLOWING DOCUMENTS MUST BE SUBMITTED WITH YOUR APPLICATION:

1. Copy of your South African ID – must be certified by a Commissioner of Oath.
2. Motivational Letter outlining your background story, why you have chosen your field of study indicated, your interests and achievements, and why you feel you should be selected by the Tomorrow Trust for this opportunity
3. Pay slips or grant slips from all your parents or legal guardians (an affidavit must be produced if a pay slip does not exist)
4. Death certificates (if applicable – an affidavit can also be submitted)
5. Please submit the following additional documents:
 - a. A copy of your Matric Certificate
 - b. Full updated university academic transcript
 - c. Updated Fee Statement

All applications must be submitted to the Tomorrow Trust via email at psadmin@tomorrow.org.za. For queries please contact us on 011 447 7707 during office hours.

Good luck with your application!

Please place
colour ID photo
here

THE TOMORROW TRUST

Student Application

Date of Application: _____

APPLICANT GENERAL INFORMATION					
Surname:		First Names:		ID Number:	
Street Address:					
Town/City:		Province:		Postal Code:	
Date of Birth:		Gender:	Male <input type="checkbox"/>	Female <input type="checkbox"/>	
Contact Phone no:		E-mail Address:			
Other contact numbers: (Please provide name/ relationship to you)					
Are you currently attending a tertiary institution?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	What will be your academic year of study in 2022 (Please tick below)? 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th <input type="checkbox"/> Honours <input type="checkbox"/>		
Which course are you enrolled for:					
Which institution are you currently attending:					
Have you attended a Tomorrow Trust Holiday or Saturday School?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, at which		
Have you ever applied to us before?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?		
Do you have a criminal record?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain		
Are you or will you be registered with the disabilities unit at your institution?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain		
Are you currently receiving funding from a bursary, loan etc?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, from who?		
Have you applied for funding elsewhere?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, where?		
EDUCATIONAL BACKGROUND					
Name of High School:					
Province:					
PREVIOUS TERTIARY EDUCATION (IF APPLICABLE)					
Institution attended:		Qualification enrolled for:			



Did you graduate from the course?		If YES, in what year? _____
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PERSONAL HISTORY

Where are you from?		How many people do you live with?	
Who are your legal guardians and what is their relationship to you (E.g. mother, sister etc):			
Are your legal guardians currently employed:		If yes, what is their net salary each month:	
Is anyone else you live with currently employed:			
Are either of your parents deceased (please circle):	Mother Father	Phone no. of guardian or parent/s	()
Do you receive any other financial assistance (E.g. Care organisations, grants):		Please explain:	
Are either of your parents/guardians severely/chronically/terminally ill:		Please state briefly nature of illness:	Are they receiving medical care:

Household Composition

In the table below please list all the people who live with you (excluding yourself).

Name	Relationship	Age	Education Level	Occupation

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to sponsorship, I understand that false or misleading information in my application or interview may result in me being terminated from the program and may result in me being held responsible for any financial support received/due.

Signature		Date	
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