



PETCHA

CENTRE FOR COMPLEMENTARY
MEDICINE STUDIES

Bursary APPLICATION FORM

No:-

BURSARY FUND

Pioneers in Naturopathic Medicine Research, Education and Care

IMPORTANT NOTE: - Please be sure you have read all the conditions and instructions before you fill this form and ensure that you complete all sections of the application form and attach all supporting documents

CONDITIONS AND INSTRUCTIONS:

- The beneficiaries of this bursary shall be orphans and other vulnerable people who have met the requirements to study in their particular program.
- Note that this bursary applies only to TUITION FEES and no other fees implied, stated or otherwise.
- All other fees not covered under this bursary must be paid in full before this bursary can be granted.
- Read carefully before completing, signing or submitting the form. Ensure that this form is completed in full where applicable. Complete in BLOCK LETTERS.

Criteria:

- Ensure this form is duly signed by the relevant signatories.
- Application forms with incomplete, or incorrect information will be disqualified.
- Application forms not accompanied by relevant documentation and payments will be disqualified.
- No WhatsApp or faxed applications will be accepted.
- Applications received after the closing date will not be considered.

Attach ALL of the following documents REQUIRED:

- Recent certified copy of valid Grade 12 certificate.
- A copy of acceptance letter of offer.
- Certified copy of the latest academic transcript or record on official letterhead.
- Recent certified copy of a valid identity document.
- Recent certified copy of parent/s; guardian/s valid death certificate or affidavit.
- A personal handwritten letter of application for bursary.
- A completed PETCHA Bursary Application form.
- Two letters of recommendation from the church or any civic leader.
- A written verification of the accredited program's average costs for one academic year.
- A CV of work experience and background, if not incorporated into personal statement.

SECTION A
Personal Information

Bursary

Stick your
Passport photo
here

Website: www.chappsy12.magix.net

www.petcha.weebly.com

www.petchahealth.wordpress.com

E-mail: chappsy2003@yahoo.co.uk, chappsy12@gmail.com

Plot 320 Off Kudu Road,
Kabulonga Extension,
Lusaka,
ZAMBIA

Cell: +260 976 701975, +260 963 743996

PETCHA – Centre for Complementary Medicine Studies

SECTION A Personal Information

Bursary

Title (Mr/Mrs/Ms)																
Surname																
Full Names																
Maiden Name (if applicable)																
Date of Birth																
Place of Birth																
Identity No.																
SA Citizenship	Yes <input type="checkbox"/>						No <input type="checkbox"/>									
Gender	Male <input type="checkbox"/>						Female <input type="checkbox"/>									
Race	African			Indian			Coloured			White						
Do you have a disability? <i>If YES, describe the nature of the disability:</i>	Yes <input type="checkbox"/>						No <input type="checkbox"/>									
Do you suffer from any chronic diseases? <i>If YES, please provide details:</i>	Yes <input type="checkbox"/>						No <input type="checkbox"/>									
Residential address with postal code																
Postal address with postal code																
Address while studying (if not living at home) with postal code																
Contact telephone numbers including dialling codes	Home								Cellular							
	Parent / Guardian								Other Contacts							
E-mail Address																
Have you ever been found guilty of a criminal offence?	Yes <input type="checkbox"/>						No <input type="checkbox"/>									
	If yes, specify the nature and date of offence:															

SECTION B
High School Attended

Bursary

Name of School				
School Address				
Province				
Telephone No				
Grade				
Years attended		From:	To:	
Subjects (List them below)	Higher Grade	Symbol %	Standard Grade	Symbol %

NB: Attach proof of results.

SECTION C
Post Secondary Qualification/s

Bursary

Name of Institution						
Address of Institution						
Full name of qualification						
Current year of study? (Please tick)	First Year	Second Year	Third Year	Fourth Year	Honours	
Student number						
Major subjects / modules			Marks / % obtained			

NB: Attach proof of latest results.

INTENDED STUDY FOR THE NEW ACADEMIC YEAR

Name of Campus					
Name of Course					
Are you receiving any other bursary / grant?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
	If YES, describe below the nature of financial assistance and obligations involved and provide the name of the institution that granted the assistance:				

To be completed by the parent/s, guardian/s or person/s on whom the applicant is dependent for financial support or assistance. Clearly state the relationship to the applicant.

SECTION D
Details about Parent (s)
/ Guardian (s)

Bursary

Full details of person on whom the applicant is dependent for financial support			
Title (Mr/Mrs/Ms)			
Surname			
Full Names			
Identity no.			
Citizenship			
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>	
Population Group	African <input type="checkbox"/>	Coloured <input type="checkbox"/>	Indian <input type="checkbox"/> White <input type="checkbox"/>
Relationship to the applicant			
Residential address with postal code			
Postal address with postal code			
Contact telephone including dialling codes	Home		Cellular
	Work		Other Contacts
E-mail address			

SECTION E

Income and Expenditure

Bursary

To be completed by the person(s) that is currently responsible for payment of your studies

Please add three (3) months Bank Statements

INCOME per month	
Salary / Pension	
Partner's Salary / Pension	
Government Subsidy (please specify)	
Investments	
Other income	
EXPENSES per month	
Living/Housing:	
Rent/Mortgage	
Electricity	
Water/Sewer	
Telephone	
Other	
Regular Payments:	
Car/Home Insurance	
Life Insurance	
Child Care	
Other	
Food Expenses:	
Groceries	
Other	
Total Income	
Total Expenses	
TOTAL INCOME MINUS TOTALEXPENSES:	

**SECTION F
Declaration**

Bursary

I hereby, declare that ALL the information provided in this application form is complete and correct.

I hereby, acknowledge that if ANY of the information provided in this application form is found to be incomplete and/or incorrect, my application will be disqualified and the bursary awarded will be cancelled.

Signature of APPLICANT:

Signed at....., **this****day of** **20**
(City) (Month)

Signature of PARENT/ LEGAL GUARDIAN

Signed at....., **this****day of** **20**
(City) (Month)

(In the presence of a Commissioner of Oath):

COMMISSIONER OF OATH:

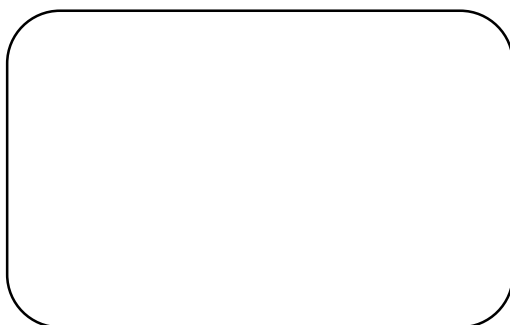
I certify that the Applicant has acknowledged that he/she knows and understands the contents of this declaration, which was sworn to before me and that the Applicant's signature was placed thereon in my presence

Commissioner of Oath's Full Names:

Designation:.....

Area of Appointment:

Date Stamp:



How are bursaries awarded?

- Bursaries are awarded according to academic merit, financial need and the requirements of the various programs and the availability of funds.
- Final selections are made by the Petcha Centre for Complementary Medicine Studies bursary fund.
- Bursary funds are paid out directly to the institution and are NOT paid out directly to students under ANY circumstances. Categories of Bursary include: Partial which is 30% and or Semi which is 50%. Full bursaries are only offered and very special circumstances.

Who is eligible for a PETCHA Bursary?

- ONLY citizens or naturalized citizens of the Republic of ZAMBIA.
- ONLY applicants who intend to study or who are already studying for a program of qualification at any campus for Petcha School of Health Sciences.
- Applicants who intend studying at other institutions are not eligible for a PETCHA BURSARY.

Disclaimer

Applicants are under no circumstances secured of, promised or guaranteed a PETCHA Bursary. PETCHA reserves the right to shortlist, invite and thereafter select applicants as seen fit by the various selection committees. Only applicants that comply with the minimum requirements will be considered for a PETCHA Bursary. PETCHA will not be held liable for any damage of any kind that may result from the use of the bursary facility.

Upon successful completion of the study period, PETCHA may offer students an opportunity to be employed within PETCHA or its member companies through the Graduate Development Program. Employment with PETCHA or its member companies is not guaranteed, and PETCHA is under no obligation to make such an offer.

Data protection

The information you provide will be held and processed for the purpose of the selection process in connection with the awarding of PETCHA bursaries for the year. The information will be retained only for as long as is required. In submitting the information, you are giving your consent to the disclosure, transfer and processing of your personal data reflected in your application internally within PETCHA as far as is needed with reference to the awarding of bursaries for the year. The PETCHA BURSARY FUND will however, unless any disclosure is legally required, endeavor to protect the confidentiality of personal data supplied.