



Tel: 031 765 5774 Fax: 031 765 6014 Email: info@umthomboyouth.org.za Website: www.umthomboyouth.org.za

### **2025: Umthombo Youth Development Foundation Application Form**

The Umthombo Youth Development Foundation (UYDF) supports rural health science students from the Umkhanyakude, Zululand and King Cetshwayo districts to successfully study health science degrees. Note the UYDF can only support students who have obtained NSFAS financial support. The UYDF will top-up the NSFAS allowances and provide academic and social mentoring support, including annual work exposure to assist you in succeeding. Please complete the sections below, as well as the Declaration on the last page.

### Section A:

## **Personal Details (Applicant)**

1.	Surname														
2.	First Names														
3.	Date of Birth														
4.	Place of Birth														
5.	Identity No.														
6.	Gender	Male			Fema	ale							<u>I</u>		
7.	Residential/Phy Address	ysical			1										
8.	Postal Address	Postal Address													
9.	Contact Details	Home:						Mobile	e:						
	Email address														
10.	Parents/Guardian Name & Surname: Details							Relation:							
			Cont	tact de	etails:							Physic	cal Ado	dress:	
			Nam	ie & Si	urname	e:						Relation	on:		
			Cont	tact de	etails:							Physic	cal Ado	dress:	

11.	Parents dependents	Name:	Age:	Gender:

## **Section B:**

# Study details (Applicant)

1	High school strongs								
1.	High school attended								
2.	Highest grade passed	Currently in grade 12					Completed	grade 12	
3.	Subjects: List				'		Level/Sym	bols obtained	
							(Indicate if Grade 12 r	f Grade 11 or esults)	
,									
4.	What do you want to st	udy?							
5.	Which institutions have applied to?	you							
6.		d at any	Voc	No	If you in	which	a university?	<u> </u>	
0.	institution/university?	rou been accepted at any Yes No If yes; in initializing in the second se			WHICH	i utiliversity:			
7.	If currently studying								
	Name of university					S	tudent No.		
	Discipline/ Degree					Le	evel		
8.	Have you done any volu work?	es No	If yes, which Hospital:						
				Department:					
	Dates of voluntary work	Start o	date:				End date:		

## **Section C:**

# **Disclosures by the Applicant**

1.	Have you applied to N	SFAS	Yes	No	When:			
	Has your application b	een approved?	Yes	No				
will		support provide			nave NSFAS financial support. UYDF  S and provide academic & social			
2.	Do you currently have	a Diploma or	Yes	No	Name of qualification:			
	Degree				Year obtained:			
Sec	tion D:	Ge	neral	info	rmation (Applicant)			
1.	How did you find out about the							
	Umthombo Youth Development							
	Foundation?							
2.	Brief statement on why you have							
	chosen to study the							
	degree you selected above?							
	Tall was maked about							
3.	Tell us more about yourself							
Declaration:								
I hereby declare that the information provided in this application is correct and true in every respect. I am aware that any false information may lead to my application being disqualified even after acceptance. I agree to abide by all the rules and regulations of the organisation should I become one of the beneficiaries of UYDF.								
Sian	nature of applicant:				Date:			

### **Supporting documents**

#### Certified copies of:

- 1. Grade 12 Certificate or Grade 12 June results
- 2. Identity document
- 3. Proof of application at a tertiary institution or acceptance letter from the tertiary institution
- 4. Proof of application to NSFAS or proof of acceptance by NSFAS

#### If you are currently studying

- 1. Full Academic record and a letter from your department stating the year you are in
- 2. Latest fee statement (your university account fee statement)
- 3. **Identity document (**Certified copy)
- 4. Proof of NSFAS acceptance
- 5. Note: UYDF will NOT pay any outstanding fees

You are required to complete the Application Declaration for your application to be considered Closing date: 31 December 2024 @ 16h30 (avail yourself for on online interview at any time in January/February 2025. Enquiries @ UYDF offices contact: 031 765 5774 during office hours)

NB: after completing this application, please send it to: Cebile Zungu at <a href="mailto:Cebile@umthomboyouth.org.za">Cebile@umthomboyouth.org.za</a> or fax to 086 554 1565. Please inform Cebile of your nearest hospital (Benedictine; Bethesda; Ceza, Ekombe; Hlabisa; Itshelejuba; Manguzi; Mbongolwane; Mosvold; Mseleni; Nkandla; Nkonjeni, Vryheid, Edumbe) so she can inform them about your application.

NB: UYDF means Umthombo Youth Development Foundation



Postnet Suite 10328, Private Bag X7005, Hillcrest, 3650

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Email: info@umthomboyouth.org.za

Website: www.umthomboyouth.org.za

### **Declaration - 2024**

In appl	In applying for Umthombo Youth Development Foundation support, I, (full names)								
	, ID 1	No:							
hereby	state the following (tick all that apply to you):								
	I meet the National Student Financial Aid Scheme (NSFAS	S) financial cr	riteria and have applied						
	for NSFAS and have proof thereof								
	I do not have a degree or diploma								
	I attended a public school (Quintile 1 to 3) in either th	e Umkhanya	kude, Zululand or King						
	Cetshwayo districts								
	I understand that should any of the statements above	e and inforn	nation provided in the						
	application form be incorrect, UYDF may immediately	terminate a	II support to me with						
	immediate effect, and UYDF will not be eligible for any exp	enses that h	ave been incurred.						
Signed	on day of (mont	h)	(year)						
at	·								
Signatu	ure of Applicant	Witness	<del></del>						