



**Moses Kotane Institute**  
INNOVATION. THE FUTURE

### POSTGRADUATES BURSARY APPLICATION FORM 2020

PERSONAL INFORMATION	
Title	
Surname	
First Names	
Date of Birth	
Place of Birth	
Are you a South African Citizen?	
If no, what is your citizenship?	
Identity Number	
Home language	
Gender (Male/female/other)	
Race (African/ Coloured/ Indian/White or other – specify)	
Disability (Yes/No) If yes, specify.	
Postal address	
Residential address	
Contact number	
Cellular phone number	
E-mail address	
District municipality	
Local Municipality	
Ward number	
Institution	
Campus	
Student number	

<b>EDUCATION INFORMATION</b>	
Degree registered for in 2020	
Year of commencement with current degree	
Year/Level of study in 2020	
Duration of Degree	
Specialisation	
Research Topic	
Faculty	
Part Time or Full Time	
Supervisor's name and surname	
Supervisor's email address	
Do you undertake to share your research findings with MKI (Yes/No)	

<b>FUNDING INFORMATION</b>	
Amount received from MKI in 2019	
Do you have funding from other funders for 2020 (Yes/No)	
If 'Yes', specify the amount	
Estimated budget for undertaking your studies in 2020 (all expenses included)	
Please provide budget breakdown	

<b>NEXT OF KIN DETAILS</b>	
Title	
Surname	
First Names	
Relationship	
Postal address	
Residential address	
Contact number	
Cellular phone number	
E-mail address	
District municipality	
Local Municipality	
Ward number	