



THE SOUTH AFRICAN MEDICAL ASSOCIATION

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Reg No 1927/000136/08: NPC

THE SOUTH AFRICAN MEDICAL ASSOCIATION - 2020

P O Box 74789
Lynnwood Ridge
0040

Date _____

APPLICATION FOR A BURSARY – 2nd, 3rd & 4th Year Students

1. FAMILY NAME (SURNAME) _____

2. FIRST NAMES _____

3. ADDRESS _____

POSTAL CODE _____ SAMA MEMBERSHIP NUMBER _____

TEL _____ CELL _____

4. ACADEMIC YEAR AND ACADEMIC INSTITUTE

6. EXTRA-MURAL ACTIVITIES/LEADERSHIP:

6.1 Academic _____

6.2 Social _____

6.3 Sport _____

6.4 Other _____

7. FINANCIAL CIRCUMSTANCES * Please provide proof of income

	EMPLOYER	OCCUPATION	INCOME* Per Month / per Year
SELF			
FATHER / GUARDIAN			
MOTHER			



Financial circumstances : _____

8. REASONS FOR WISHING TO BECOME A DOCTOR :

9. NAME AND ADDRESSES OF TWO REFEREES FROM THE UNIVERSITY OR ANY OTHER SOURCE WHERE YOU HAVE DONE VOLUNTARY WORK OR ASSISTED IN ANY MANNER

1. _____ 2. _____

Telephone _____ Cell _____

10. ENCLOSURES* (Tick the appropriate spaces)

- Latest examination results
- Two written testimonials
- Proof of Income by parent(s) or applicant
- South African Identity Document
- Other (specify) _____

11. DECLARATION

I hereby declare that the above information is true and correct. I understand that any false information will render this application ineligible for consideration.

SIGNATURE OF APPLICANT

SIGNATURE OF PARENT/GUARDIAN

DATE _____

(*Please send photocopies only and not original documents)



BURSARY RECIPIENT - QUESTIONNAIRE A

NAME: _____

DATE: _____

A ACCOMPLISHMENTS

1. **What would you say were some of your most important accomplishments during the past year?**

2. **What are some of the reasons for your successes?**

3. **Were there specific difficulties you had to overcome achieving the above successes?**

4. **What kind of supervision do you need in order to perform?**

5. **What has been the heaviest pressure situation you have faced in the recent year?**



6. **What has been the most important criticism you have received over the past year?**

B FUTURE CAREER

1. **At what age did you decide to choose medicine as a career?**

2. **Why do you believe you will be a good doctor?**

3. **What other careers have you given consideration to?**

4. **Are you planning to be a GP or do you plan to specialize?**

5. **What are the major challenges facing doctors in South Africa?**



BURSARY RECIPIENT - QUESTION B

In terms of your normal day-to-day functioning, your likes and dislikes, your strengths and weaknesses and the way you look at life in general, write a brief description of yourself, not exceeding 200 words.

NAME: _____

DATE: _____

