



Application Form – FTT Block B – 2021

UFS Accredited Private Hostel

(Off Campus Accommodation – not part of the University hostel structure)

| Student/Resident details | | | |
|---|------|--------|------------------------|
| Gender | Male | Female | (Please circle answer) |
| Student Number | | | |
| ID Number | | | |
| Full Names | | | |
| Surname | | | |
| Physical Home Address | | | |
| Student Cell Number | | | |
| Student Primary Email | | | |
| Which educational facility do/ did you attend ? | | | |
| Course or grade completed / busy with 2020 ? | | | |
| Course and year off study enrolled for in 2021 ? | | | |
| Where did you hear about Educata Bloemfontein/FTT Block B ? | | | |
| Are you interested in a leadership position ? | | | |

| Details of person who referred you (if relevant) | | | |
|---|-----|----|------------------------|
| Did someone refer you ? | Yes | No | (Please circle answer) |
| Name of Person who referred you | | | |
| Surname of Person who referred you | | | |
| Cell number of Person who referred you | | | |

| Please mark in box next to Room Type Choice and where parking is required | | | | |
|--|-------------------|--|---|-----------------------------------|
| ROOM AND PARKING OPTIONS | Yearly Fee | 1st Payment to confirm booking | 10 monthly Payments due on 1st day of Month Jan to Oct 2021 | Mark box indicating Choice |
| Single room in 8 -bed cluster | R49 990 pa | R5 300 | R 4 999 | |
| Open parking (Yearly fee paid upfront to confirm) | R 2 400 pa | R2 400 | N/A | |
| Under cover parking (Yearly fee pd upfront to confirm) | R 4 200 pa | R4 200 | N/A | |

NB: please ensure the correct person (the accountholder) completes this page, ie Parent / Guardian

Details of person responsible for the Lease Agreement and for payment of account (Parent/guardian)

| | | | |
|---|--------|-------|------------------------|
| Relationship to Student | Parent | Other | (Please circle answer) |
| If not parent, what is relationship to student? | | | |
| ID Number | | | |
| Full Names | | | |
| Surname | | | |
| Physical Home Address | | | |
| Cellphone (Primary) | | | |
| Tel (Home) | | | |
| Tel (Work) | | | |
| Email address (Primary) | | | |
| Email address (Work) | | | |

Employment Details of person responsible for payment of accounts

| | | | |
|-------------------------|-----|----|------------------------|
| Is person employed ? | Yes | No | (Please circle answer) |
| Name of Employer | | | |
| Employer contact number | | | |
| Physical Work Address | | | |

PERMISSION FOR FINISHING TOUCH TRADING 592 (Pty) Ltd TO DO A CREDIT CHECK - TO BE COMPLETED BY PERSON RESPONSIBLE FOR PAYMENT OF ACCOUNTS (PARENT /LESSEE)

I, hereby give Finishing Touch Trading (Pty) Ltd, permission to do a credit check and obtain necessary referrals on my behalf.

My net income is R _____ as can be viewed on my payslip after tax and other deductions.

Signed at _____ on the ____ day of _____ 20 ____

Signature _____

If you don't have a bursary, simply circle No and Write your Name, Surname and Signature

| | | | |
|--|-----|----|------------------------|
| Bursary details | | | |
| Do you have an Approved bursary | Yes | No | (Please circle answer) |
| Name | | | |
| Surname | | | |
| Signature | | | |

if you are approved for a **NSFAS bursary, complete this section*

| | |
|---|---------------------------------------|
| NSFAS STUDENTS ONLY | Attach Proof of NSFAS Approval |
| NSFAS Reference No | |
| NSFAS Consultant/Contact Person Full Name & Surname | |
| NSFAS Consultant Phone Number | |
| NSFAS Consultant Email | |

if you are the holder of any other bursary student, but **NOT NSFAS, complete this section*

| | |
|---|--|
| BURSARY STUDENT | Attach Proof Bursary Acceptance |
| Bursary Name | |
| Bursary Reference Number/Code (If applicable) | |
| Bursary Consultant/Contact Person Full Name & Surname | |
| Bursary Consultant Phone Number | |
| Bursary Consultant Email | |

Approval of Accommodation Funding

I _____ am aware that I am fully responsible for my Oracle Submission (or any other equivalent submissions) to ensure my funding is received. If I do not meet the deadline for approval, or do not receive my funding for any reason, I understand that I will still be responsible and liable for the full payment of my account.

Signature _____

| HIGH SCHOOL CAREER | | | |
|---|-------------------|-----------------|-------------|
| SCHOOL NAME | | | |
| TOWN / CITY | | | |
| MATRIC YEAR | | | |
| LEADERSHIP POSITIONS | | | |
| ACADEMIC ACHIEVEMENTS | | | |
| CULTURAL PARTICIPATIONS AND MUSICAL INSTRUMENTS PLAYED | | | |
| SPORT PARTICIPATIONS | SPORT TYPE | POSITION | TEAM |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| OTHER ACHIEVEMENTS AND INTERESTS | | | |

| TERTIARY PLANNING FOR YEAR OF APPLICATION | |
|---|--|
| INSTITUTION (Bg. UV) | |
| COURSE (Eg. B.Sc. AGRIC) | |
| ACADEMIC YEAR (Eg. 1st, 2nd, 3rd etc) | |
| PLANNED PARTICIPATION AT INSTITUTION WHERE YOU WILL STUDY | |

Please send to:

Hester Potgieter
Block B Applications and Accounts

Cell: 063 830 6857
Office: 051 436 1621
Email: blockb@fttbloem.co.za