MOTOR INDUSTRY BARGAINING COUNCIL
MIBCO
Good to Great Together

BURSARY SCHEME APPLICATION FORM

PERSONAL DETAILS

EMPLOYEE NUMBER		**DATE ENGAGED**	
SURNAME		**INITIALS**	
FULL NAMES		**KNOWN AS**	
REGION		**DIVISION**	
JOB TITLE		**DEPARTMENT**	

COURSE DETAILS

NAME OF COURSE/ DIPLOMA/DEGREE		**NAME OF INSTITUTION**	
COURSE DURATION		**COST OF COURSE**	
NUMBER OF MODULES APPLYING FOR		**LIST OF MODULES**	

Note: The bursary amount awarded will not exceed **R 8 679.00** in total.

PLEASE ATTACH THE FOLLOWING DOCUMENTS:

Document Name	**Included (tick √)**
1. Course / Diploma / Degree Information	
2. Educational Institute Banking details-for payment	
3. Proof of Registration (include student number)	
4. Quotation/Invoice	
5. Employee Motivation Letter Signed by the manager	
6. Acknowledgement of Debt	

Employee Comments:

_____

_____

_____

APPROVAL

EMPLOYEE SIGNATURE		DATE	
EMPLOYEE LINE MANAGER		DATE	
HR MANAGER SIGNATURE		DATE	
GENERAL SECRETARY SIGNATURE		DATE	

ACKNOWLEDGEMENT OF DEBT - BURSARY SCHEME APPLICATION

PERSONAL DETAILS

EMPLOYEE NUMBER		**DATE ENGAGED**	
SURNAME		**INITIALS**	
FULL NAMES		**KNOWN AS**	
REGION		**DIVISION**	
JOB TITLE		**DEPARTMENT**	

I, _____ (the BORROWER) hereby acknowledge that I am indebted to MIBCO (The Council) for an amount of R _____ in respect to the Bursary granted.

I ACCEPT AND ACKNOWLEDGE THAT:

i) I am required to submit all examination and continuous assessment result to MIBCO.

Should I, in any academic year drop-out, fail a course, or is prevented by university or the academic institution from proceeding to the next level of the course because I have not satisfied the due performance requirements, I am required to reimburse in full all the fees paid on my behalf by MIBCO.

For this reason, I agree to pay the amount of R _____ per month over a maximum period of **twelve months**.

ii) I am obliged to complete a period of service equivalent to the duration of the course upon successful completion.

Should the course be less than 6 months, then a 6 month service period is applicable. Failure to complete the stipulated period will result in the total amount being deducted.

iii) In the event of my services with The Council being terminated for any reason whatsoever and there being any portion of this amount remaining unpaid (either in cash or through service) at that date, I hereby authorize The Council to deduct the full amount outstanding from any remuneration due to me by way of termination payout is accrued leave pay, and including any pro rata bonus accrual and so forth.

EMPLOYEE SIGNATURE		**DATE**	