



THE UCT KNOWLEDGE CO-OP SCHOLARSHIPS / UCT ENGAGED STUDIES SCHOLARSHIP FOR FULL TIME MASTERS SCHOLARSHIP 2024-2025

Purpose:

The UCT Knowledge Co-op is making available a two-year scholarship for 1st and 2nd year FULL TIME masters who are interested to pursue their studies via the Knowledge Co-op. Students must be committed to conduct research that makes an impact on civil society, but ONLY IF they are <u>conducting their dissertations in collaboration</u> with <u>a community partner</u> <u>facilitated through the UCT Knowledge Co-op</u>. Students who want to know if they qualify, need to liaise with the Co-op about this before applying. Any field of study can be considered, provided suitable <u>topics</u> are available through the Knowledge Co-op.

Applications are invited from suitable candidates who intend to conduct their Masters research dissertation at the University of Cape Town in 2024, and who have obtained written pre-approval from the Knowledge Co-op (for which they need to contact the Co-op office two weeks before the submission date (by latest Wednesday, **31 January 2024**).

PLEASE CONTACT THE KNOWLEDGE CO-OP ADMIN ASSISTANT via email <u>knowledgecoop.admin@uct.ac.za</u> (DETAILS BELOW) FOR A LIST OF RESEARCH TOPICS AVAILABLE FOR 2024 before applying.

Conditions: The successful incumbent will be required to:

- Register for full-time study.
- Select a dissertation topic from those available through the UCT Knowledge Co-op website <u>Available Topics</u> and conduct the dissertation in compliance with the <u>Co-op principles</u>. It is essential to liaise with the Co-op about this WELL BEFORE applying for the bursary to obtain pre-approval.
- Comply with the University's approved <u>policies</u>, procedures, and practises for the postgraduate sector.
- Although successful candidates will be permitted to hold other awards concurrently, and to take up part-time employment, they may not hold salaried/full-time employment concurrently.
- Submit annual progress reports by end October renewal of scholarship is subject to a positive progress report
- Not hold any funding
- No service will be required in return for the award.

Value and tenure:

The value of the scholarship is **R150,000** per annum. The tenure of the award is over two years.

Criteria to be considered for the award:

- The bursary will be awarded based on academic merit (final Honours degree mark of 60% and above), financial need and a commitment to social justice;
- South African students / students who hold citizenship in the SADC region; Students from other African countries may be considered if there are not sufficient SADC applicants;
- Students who are considered suitable for representing UCT and the Knowledge Co-op at the chosen site.

All applications must include:

- Pre-Approval letter/note from the Knowledge Co-Op
- Letter of Endorsement from academic supervisor
- Completed application form
- Certified copies of all tertiary academic transcripts
- Bank statement (3 months) of all Head/s of household
- Bank statement (3 months) of student

Selection Process: Eligible and complete applications will be considered by the UCT Knowledge Co-op in consultation with the Postgraduate Studies Funding Committee.

Closing date for applications: Fully completed applications must be submitted electronically to <u>fellowships@uct.ac.za</u> by 15 February 2024 at 23h59

For enquiries regarding UCT Knowledge Co-op topics and conditions contact knowledgecoop.admin@uct.ac.za

Late, incomplete, or inappropriate applications will not be considered. The University of Cape Town reserves the right to disqualify ineligible, incomplete and/or inappropriate applications, to change the conditions of award or to make no awards at all.



THE UCT KNOWLEDGE CO-OP BURSARIES / UCT ENGAGED STUDIES BURSARIES STUDENT APPLICATION FORM - 2024 CLOSING DATE – 15 February 2024

A PERSONAL INFORMATION	COMPULSORY	COMPULSORY - All applicants to complete						
Surname								
First Names								
Date of Birth								
Gender								
*Ethnicity	Black	Coloured		Indian	White		Unknown	
Residency in South Africa	SA	SA PERM		SADC	NON- SADC		INTL	
Country of origin								
Disability	Yes	No						
Nature of Disability								
Email Address			Preferre	d Contact Nu	mber			

B ACADEMIC INFORMATION	COMPULSORY - All applicants to complete This section refers to the degree for which funding is being applied							
Degree in 2024								
First date of registration of above degree								
Year of study towards above degree in 2024	1 st	2 nd	3 rd	4 th	5	th		
DEPARTMENT/DIVISION/ AREA OF SPECIALISATION								
FACULTY								
Degree Structure	Full-time		Part-time		Modular			
Type of Degree	Coursework ONLY		Coursework/ Dissertation		Full Dissertation			
	Professional							
IF TYPE OF DEGREE = COURSEWORK/DISSERATION	Coursework		%	Dissertation		%		
IF TYPE OF DEGREE = PROFESSIONAL	Coursework		%	Dissertation		%		
TERM GPA				%				

B.1	DISSERTATION	COMPULSORY – All Appl	icants to complete				
	DETAILS		ic from those available through the UCT Knowledge Co-op				
		See website: <u>http://www.kr</u>	nowledgeco-op.uct.ac.za/kco/proj/available				
Master	's Dissertation/Thesis Title						
B.2	PRE-APPROVAL FROM THE KNOWLEDGE CO- OP	COMPULSORY – All Applicants <u>and</u> Knowledge Co-Op Office to complete It is essential to liaise with the Co-op TWO WEEKS prior to applying for the bursary					
OFFIC	CE STAMP		DATE				

B.3 SUPERVISORS	COMPULSORY – All Applicants to complete							
Please select	Supervisor	Co-Supervisor						
Title								
First Name								
Surname								
Email address								

B.4 SUBMISSION	COMPULSORY – All Applicants to complete					
Have you submitted your dissertation/thesis for the above degree?	YES		NO		IF YES, Date of submission	

B.5 LEAVE OF	COMPULSO	COMPULSORY – All Applicants to complete					
ABSENCE							
Have you taken leave of absence during your tertiary academic study	YES		NO				
IF YES, please specify date	From date:						
	To date:						
Was the leave of absence approved as paid study leave?	YES		NO		Salary (ZAR)		p/m
Expected graduation date of above degree							

C PREVIOUS QUALIFICATION/S		COMPULSORY - All applicants to complete							
Name Institution	Level of Qualification (e.g. Honours)	Year completed (e.g. 2018)	Status (e.g. Complete/ Incomplete/ Submitted Dissertation/Thesis correction)	Length of time take to complete (e.g. 1 year)	Final GPA/ Academic standing	Graduation date			

D FINANCIAL SUPPORT		RY - All applicants to comp refers to additional funding		upport the above degree
Name of award	Value of award	Does award bind you contractually? (Yes or No)	Does award allow you to hold other awards concurrently? (Yes or No)	Is the award repayable? (Yes or No)
(Please check box I, understand that holding other awar	am required to email all info	ormation of awards that binds	me contractually including the	at which prevents me from

D1 LETTER OF APPLICATION AND	COMPULSORY - All applicants to complete
MOTIVATION LETTER OF APPLICATION	Please provide a biographical sketch (not in bullet form) giving information not already provided elsewhere in application. The introduction must be written as a narrative and could include a short
	overview of where, in terms of research, you have come from, the topic you envisage taking on for your thesis and where you are now
MOTIVATION	Please include a personal motivation on why you should be awarded. This motivation should not include information recorded anywhere else in the application

E	REPAYMENT TERMS	This se	COMPULSORY - All applicants to complete This section refers to any funding you have been awarded in a previous year which you may be in the process of repaying					
Are yo schola	u currently repaying any rships	YES		NO				
IF YES terms	S, please specific repayment							

	ABRIDGED COMPULSORY - All applicants to complete and CURRICULUM must demonstrate a commitment to social justice							
	VITAE							
Leade	rship positions (current and pa	ast records)	Description	Contact person (if available)				
-								
Comm	unity service/voluntary work (current and past)	Description	Contact person (if available)				
Drovio	us achievements/awards rece	wind (ourrent and	Description	Contact person (if available)				
past)	us achievements/awards rece	aved (current and	Description					
μασι								
Partici	pation in Extra-Curricular Activ	vities. Please be as det	ailed as possible.					
01.111								
Skills a	and Interests. Please be as detaile	d as possible.						
Acade	mic and/or Professional Expe	rience. Please be as de	etailed as possible.					
	· ·		•					
			T					
A.	Total number of peer-revie							
	chapter publications to dat							
В.		publications that						
-	you are the senior/lead au							
C.	Total number of peer revie	wed conference						
	proceedings to date							
D.	Total number of the above	publications that						
- · ·	you are the senior/lead au							
	number of ALL peer reviewed	i publications to						
aate (I	.e. A+C)							

Publication list of all peer reviewed publications to date (not in review): authors, date, title, journal, vol, pages.					
1.					
2.					
3.					
4.					
5.					

ACADEMIC REFEREES	COMPULSORY - All applicants to complete Names and contact details of two academics who have taught, supervised or worked alongside the applicant				
REFEREE 1		REFEREE 2			
Name and Surname		Name and Surname			
Email address		Email address			
Telephone number		Telephone number			

NEEDS ASSESSMENT

COMPULSORY - All applicants to complete

IMPORTANT NOTICE YOU ARE REQUIRED TO READ THIS CAREFULLY

- The main criterion pertaining to <u>THE UCT KNOWLEDGE CO-OP BURSARIES / UCT ENGAGED STUDIES</u> <u>BURSARIES</u> is 1) academic excellence, 2) commitment to conducting research that make an impact on civil society, 3) financial need and 4) the ability to complete the degree. This section is in the form of an AFFIDAVIT which needs to be completed in full by the applicant and witnessed by a COMMISSIONER OF OATHS and by one further witness. These two witnesses may not be members of your immediate family.
- You are required to give clear and true responses to the questions below. These answers must be given by you under oath and witnessed by the two witnesses identified above. All answers must be initialled by the applicant, as well as by the two witnesses. The Commissioner of Oaths' signature must be accompanied by his/her official stamp.
- The University of Cape Town considers this AFFIDAVIT to be a legally binding document and reserves the right to request you to furnish evidence of your answers/statements on this AFFIDAVIT. If it is found that you have provided information that is false or untrue, the University of Cape Town further reserves the right to disqualify your application and/or to cancel and recover any scholarship funds that may have been paid out to you.

AFFIDAVII	
I, (PRINT NAME in the space	
provided)	
ID Number	
the undersigned, do hereby declare that	I have responded to the questions/statements below in a clear and true manner, as follows:

Confirmation of response to No. 1

No. 1 INCOME

1.1 Applicant's name (PRINT)			Applicant's initials
l am employed	YES	NO	
			Commissioner of Oath's
IF YES, Number of work hours per			initials
week			
1.1.1 If YES, state annual income			
(in the currency of place of employment)			2 nd Witness's initials
1.1.2 If YES, to 1.1 above, please			
state the currency			

No. 2 LIVING CONDITIONS				Confirmation of response to No. 2
2.1. Please mark X	I live alone		UCT Residence	Applicant's initials
2.2. Please mark X I live with my	SPOUSE		FATHER	
	MOTHER		BROTHER(S)	Commissioner of Oath's initials
	SISTER(S)		GUARDIAN	
	EXTENDED FAMI	LY MEMBERS		2 nd Witness's initials
No. 3 ANNUAL INCOME				Confirmation of response to No. 3
	SPOUSE		FATHER	

3.1. If any of the boxes in 2.2.	MOTHER BROTHER(S)		BROTHER(S)	Applicant's initials
have been ticked, state annual (ZAR) of each person:	SISTER(S)		GUARDIAN	
	EXTENDED FAM	LY MEMBERS		Commissioner of Oath's initials
No. 3.2 DEPENDANTS	Family Members	5		
Number of persons dependant on	APPLICANT		2 nd Witness's initials	
annual income living in	SPOUSE			
household/s	FATHER			
	MOTHER			
	BROTHER(S)			
	SISTER(S)			
	GUARDIAN			
	EXTENDED FAM	LY MEMBERS		

No. 4 HEAD/S OF HOUSEHOLD			Confirmation of response to No. 4
4.1. Please indicate who the head(s) of the household is(are). Please mark X	Family Members	Head/s of Household Please indicate 1 and 2 where applicable	Applicant's initials
	APPLICANT		
	SPOUSE		Commissioner of Oath's
	FATHER		initials
	MOTHER		
	BROTHER(S)		
	SISTER(S)		2 nd Witness's initials
	GUARDIAN		
	EXTENDED FAMILY MEMBERS		

No. 5 OCCUPATIONAL STATUS		Confirmation of response to No. 5.1
5.1. Please indicate the	EMPLOYEE – FULL TIME	
occupational status of the head 1	EMPLOYEE – PART TIME	Applicant's initials
of the household. Please mark X	EMPLOYED	
	SELF-EMPLOYED – WITH EMPLOYEES	
	SELF EMPLOYED – WITHOUT EMPLOYEES	
	RETIRED – WITH PENSION	Commissioner of Oath's
	RETIRED – WITHOUT PERSON	initials
	NOT EMPLOYED	
5.2. Please indicate the	EMPLOYEE – FULL TIME	
occupational status of the head 2	EMPLOYEE – PART TIME	Ond Mitta anala initiala
of the household. Please mark X	EMPLOYED	2 nd Witness's initials
	SELF-EMPLOYED – WITH EMPLOYEES	
	SELF EMPLOYED – WITHOUT EMPLOYEES	
	RETIRED – WITH PENSION	
	RETIRED – WITHOUT PERSON	
	NOT EMPLOYED	

No. 6 STATE/GOVERNMENT GRANT					Confirmation of response to No. 6
6.1. I (Applicant) receive a Stat	e/Government Grant	YES		NO	
6.1.1. If YES to 6.1 above, state an	nount per month				Applicant's initials
6.2. Please mark X who of the	MY SPOUSE	-			
following members receives a	FATHER				
State/Government Grant	MOTHER				
	BROTHER (S)				Commissioner of Oath's
	SISTER (S)	initials			
	GUARDIAN				
	EXTENDED FAMILY M	EMBERS			
6.2.1. If any of the boxes in 6.2	SPOUSE				2 nd Witness's initials
have been ticked, state amount per month for each person:	FATHER				
	MOTHER				
	BROTHER (S)				
	SISTER (S)				
	GUARDIAN				
	EXTENDED FAMILY M	EMBERS			

NO. 7 PROPERTY			Confirmation of response to No. 7
7.1. Do you own property? (please mark X)	YES	NO	
7.1.1. if you own the Property, is it Urban? (please mark X)	YES	NO	Applicant's initials
7.1.2. If you own the property, is it Rural? (please mark X)	YES	NO	
7.1.3. If property is owned, state value of such property			
7.1.4. Please state the currency of the property value			
7.1.5. If property is owned, state outstanding debt on such			Commissioner of Oath's
property (if any)			initials
7.1.6. Please state the currency of outstanding debt on			
property (if any)			

Please mark with X who the property belongs too SISTER(S) GUARDIAN 7.2.1. If any of the above own the property, is it Urban? YES NO 7.2.2. If any of the above own the property, is it Rural? YES NO 7.2.2. If any of the above own the property, is it Rural? YES NO 7.2.2. If any of the above own the property, is it Rural? YES NO 7.2.3. State value of such property	7.2. If you do not own the property o	n	SPOUSE		FA	THER		
belongs too EXTENDED FAMILY MEMBERS 7.2.1. If any of the above own the property, is it Urban? YES NO 7.2.2. If any of the above own the property, is it Rural? YES NO 7.2.3. State value of such property	which you live, state the following.		MOTHER		BF	ROTHER	(S)	2 nd Witness's initials
7.2.1. If any of the above own the property, is it Urban? YES NO 7.2.2. If any of the above own the property, is it Rural? YES NO 7.2.3. State value of such property The above own the property (if any) The above own the property (if any) 7.2.4. state the outstanding debt on such property (if any) The above own the property (if any) The above own the property (if any) 7.2.5. Please state the currency of outstanding debt on property (if any) The above own the property (if any) The above own the property (if any) 7.2.6. If NO to 7.1. do you or a family member rent the property on which you live? The above own the property rental paid for property Confirmation of Income and Expenditure for all living in the HOUSEHOLD for past year (2021) per MONTH. Insert the relevant AMOUNT alongside the text in both columns below. Confirmation of response to No. 8 Salary of Head 1 Rent/Mortgage Applicant's initials Government Grant 1 Food and Household Necessities Commissioner of Oath's initials Other Insurance (home, life, etc.) Initials Other Transport Insurance (home, life, etc.) Initials Other Entertainment/Travel 2 nd Witness's initials	· · · ·	/	SISTER(S)	GUARDIAN				
7.2.2. If any of the above own the property, is it Rural? YES NO 7.2.3. State value of such property	belongs too		EXTENDED FAM	ILY MEMBERS				
7.2.3. State value of such property	7.2.1. If any of the above own the pro-	operty	/, is it Urban?	YES		NO		
7.2.4. state the outstanding debt on such property (if any) 7.2.5. Please state the currency of outstanding debt on property (if any) 7.2.5. If NO to 7.1. do you or a family member rent the property on which you live? 7.2.7. If YES to 7.2.5. above, state monthly rental paid for property No. 8 INCOME AND EXPENDITURE – PER MONTH Salary of Head 1 Rent/Mortgage Salary of Head 2 Property Rates Other Salary Utilities (electricity, gas, etc.) Government Grant 2 Clothing Condimute (home, life, etc.) Other Transport Transport Other Transport Commissioner of Oath's initials Commissioner of Oath's initials Commissioner of Oath's initials 	7.2.2. If any of the above own the pro-	operty	/, is it Rural?	YES		NO		
7.2.5. Please state the currency of outstanding debt on property (if any) NO NO 7.2.6. If NO to 7.1. do you or a family member rent the property on which you live? NO NO 7.2.7. If YES to 7.2.5. above, state monthly rental paid for property NO Iving in the HOUSEHOLD for past year (2021) per MONTH. Insert the relevant AMOUNT alongside the text in both columns below. Confirmation of response to No. 8 Salary of Head 1 Rent/Mortgage Applicant's initials Salary of Head 2 Property Rates Applicant's initials Other Salary Utilities (electricity, gas, etc.) Commissioner of Oath's initials Government Grant 1 Food and Household Necessities Commissioner of Oath's initials Other Insurance (home, life, etc.) initials Other Transport 2nd Witness's initials Other Taxes 2nd Witness's initials Other Child Maintenance Payment(s) 2nd Witness's initials	7.2.3. State value of such property							
property (if any) YES NO 7.2.6. If NO to 7.1. do you or a family member rent the property on which you live? YES NO 7.2.7. If YES to 7.2.5. above, state monthly rental paid for property Confirmation of Income and Expenditure for all living in the HOUSEHOLD for past year (2021) per MONTH. Insert the relevant AMOUNT alongside the text in both columns below. Confirmation of response to No. 8 Salary of Head 1 Confirmation of Income and Expenditure for all living in the HOUSEHOLD for past year (2021) per MONTH. Insert the relevant AMOUNT alongside the text in both columns below. Applicant's initials Salary of Head 1 Rent/Mortgage Applicant's initials Salary of Head 2 Property Rates Applicant's initials Other Salary Utilities (electricity, gas, etc.) Commissioner of Oath's initials Government Grant 1 Food and Household Necessities Commissioner of Oath's initials Other Insurance (home, life, etc.) initials Other Transport Initials Other Taxes 2 nd Witness's initials Other Entertainment/Travel 2 nd Witness's initials	7.2.4. state the outstanding debt on	such	property (if any)					
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7.2.7. If YES to 7.2.5. above, state monthly rental paid for property Confirmation of Income and Expenditure for all living in the HOUSEHOLD for past year (2021) per MONTH. Insert the relevant AMOUNT alongside the text in both columns below. Confirmation of response to No. 8 Salary of Head 1 Rent/Mortgage Applicant's initials Salary of Head 2 Property Rates Applicant's initials Other Salary Utilities (electricity, gas, etc.) Commissioner of Oath's initials Government Grant 1 Food and Household Necessities Commissioner of Oath's initials Other Insurance (home, life, etc.) Commissioner of Oath's initials Other Transport Utilities (so Other Taxes 2"d Witness's initials Other Entertainment/Travel 2"d Witness's initials Other Child Maintenance Payment(s) 2"d Witness's initials		y men	nber rent the	YES		NO		
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Other Motor Vehicle(s) Other Taxes Other Entertainment/Travel Other Child Maintenance Payment(s)					life, etc.)			
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Other Entertainment/Travel Other Child Maintenance Payment(s)	Other			Taxes			2 nd Witness's initials	
				Entertainment/Travel			2 11111033 3 11111013	
Other Other	*				e Payme	nt(s)		
outor outor	Other			Other				

D.2	REPAIMENT TERMS	This section refers to any funding you have been awarded in a previous year which you may be in the process of repaying
	u currently repaying any rships (Yes or No)	
IF YES	5, please specific repayment	
terms		

 E
 STATEMENT BY APPLICANT
 COMPULSORY - All applicants to complete

 I, the undersigned, certify that the information given in my application is, to the best of knowledge, complete and accurate. I agree that submission of false and incorrect information may result in cancellation of this application, or the immediate repayment by me of the value of any award that has been paid to me based on information provided in this application. I agree to advise the University of any changes that may occur about the information as submitted on the following date:

 PRINT NAME AND SURNAME

Applicant Signature

Date:

CHECKLIST FOR THE UCT KNOWLEDGE CO-OP BURSARIES / UCT ENGAGED STUDIES BURSARIES Please complete the application form and required supporting documentation and email to fellowships@uct.ac.za. Please use the reference: "THE UCT KNOWLEDGE CO-OP BURSARIES / UCT ENGAGED STUDIES BURSARIES 2024 – First name, Surname and Student number" Are the below documents/forms complete and attached? (Tick) Supporting documents Yes No Pre-Approval letter/note from the Knowledge Co-Op 1 2 Application form 3 Certified copies of all tertiary academic transcripts 4 Letter of endorsement from supervisor 5 Bank statement (3 months) of all Head/s of household 6 Bank statement (3 months) of student