



KWAZULU - NATAL GOVERNMENT

PROVINCIAL BURSARY APPLICATION FORM

NAME OF DEPARTMENT TO WHICH APPLICATION IS ADDRESSED:

2016

Please print when completing this form. Mark appropriate blocks with an "X" Failure to	Submit the completed application form and the relevant attachments as per address
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complete this application form fully and correctly may prejudice the applicant's chances of obtaining a bursary.	supplied in the advertisement.
PERSONAL PARTICULARS	
FIRST NAMES: _____	
SURNAME: _____	
IDENTITY NUMBER: _____	DATE OF BIRTH: _____
POSTAL ADDRESS: _____ _____	PHYSICAL ADDRESS: _____ _____
TELEPHONE NUMBER: (____) _____	DISTRICT: _____
CELL PHONE NUMBER: _____	LOCAL MUNICIPALITY: _____
ALTERNATE NUMBER: _____	WARD NUMBER: _____
FAX NUMBER: _____	COUNCILLOR: _____
NATIONALITY: _____	MARITAL STATUS: Single/Married/Divorced/Widowed
GENDER: Male/female	DISABILITY: YES/NO _____
RACE: Black/Coloured/Indian/ White	Are you currently employed? YES/NO If yes, please elaborate _____ _____
Have you ever been convicted of a criminal offence, dismissed from employment or requested to resign? YES/NO If the answer is yes please furnish full details on a separate sheet of paper.	Did you consult a vocational counsellor regarding your choice of study? YES/NO
Have you previously received a Public Service Bursary? YES/NO If yes – until which year? _____	
Are/were you in possession of another bursary/scholarship/financial aid? YES/NO	

If the answer is yes please indicate the name of the donor:

Obligations attached to bursary/scholarship/financial aid:

Have all the obligations been fulfilled? **YES/NO**

Name of the degree or diploma which you are applying for:

What will the major subjects be for the degree or diploma?

Number of years you intend studying for:

Name of tertiary institution you intend studying at:

Provisional acceptance from the tertiary institution at which you intend studying

Received or Not Received: _____

QUALIFICATIONS

Highest standard passed:

Name of school attended:

Town/city:

UNIVERSITY AND/OR OTHER POST SCHOOL TRAINING/STUDIES

Are you presently enrolled at a tertiary institution/college?

YES/NO

Name of institution/college:

List the subjects passed thus far:

Address of institution/college:

Current year of study:	Name of degree/diploma:
What is the remaining duration of your current studies as prescribed by the tertiary institution?	List the subjects that still need to be completed to obtain the relevant qualification:
Please indicate the year you started studying for the current course of studies:	Have you ever failed any year of study? YES/NO Which year?
Have you rewritten the examination/s for the subject/s failed? If yes, please indicate the date of the examination:	Student number at current institution:
Please indicate the annual gross income of your parent or legal guardian should you be dependent on them during the course of your intended studies (please tick the relevant option): Single parent/guardian LESS THAN R60 000 per annum Combined both spouses LESS THAN R120 000 per annum	
Full name of parent/legal guardian (if applicable):	

Contact details of parent/legal guardian:

Tel Number: _____ Cell phone number: _____

Address of parent/legal guardian:

Employer of parent/legal guardian: _____

Address of employer of parent/legal guardian:

REVIEW, SUSPENSION AND EXTENSION

The Provincial Administration reserves the right, at any time and on any terms or conditions to:

- a) review the continuation of the bursary; or
- b) suspend the bursary; or
- c) having suspended the bursary, reinstate the bursary; or
- d) extend the period of the bursary.

DECLARATION

I understand that this application for a bursary is not a loan and declare that the above particulars are complete and correct.

SIGNATURE OF APPLICANT

DATE

WITNESS

DATE

WITNESS

DATE

SIGNATURE OF PARENT/LEGAL GUARDIAN_____

DATE: _____

WITNESS

DATE

WITNESS

DATE

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper has a slight shadow on its right side, suggesting it's resting on a surface.

SIGNATURE

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RECOMMENDATION BY HRD/ BURSARY COMMITTEE

NAME OF CHAIRPERSON

SIGNATURE

DATE: _____

APPROVED/NOT APPROVED

DIRECTOR-GENERAL

SIGNATURE

DATE: _____

REQUIREMENTS

Please provide the following with the Bursary Application Form:

- 1) An originally certified copy of an official statement of results as well as official proof of bachelor's certificate (matriculation exemption) if it is a requirement for the course of study you intend following.**
- 2) An originally certified copy of your official study record showing marks, symbols, percentages obtained in all examinations written (including the matriculation examination).**
- 3) An originally certified copy of your identity document.**
- 4) Copy of the admission requirements from the academic institution for the intended course of study if you have not already been accepted.**
- 5) Copy of the curriculum (indicating the number of years of study, number of modules/subjects to be taken) from the academic institution for the intended course of study.**
- 6) Study plan indicating how the course will be completed over the stipulated bursary period.**
- 7) Printout from the academic institution of the tuition fees that will be required.**
- 8) Income and expenditure statement of parent/legal guardian. (Proof of income must be provided) or a letter from the Department of Labour or an affidavit from parent/s stating that they are unemployed.**
- 9) Originally certified death certificate/s of parent/s.**
- 10) Letter of motivation (explain why you believe you are deserving of a bursary outlining your circumstances).**