

KWAZULU - NATAL GOVERNMENT

PROVINCIAL BURSARY APPLICATION FORM

Please print when completing this form. Mark appropriate blocks with an "X" Failure to complete this application form fully and correctly may prejudice the applicant's chances of obtaining a bursary.	Submit the completed application form and the relevant attachments as per address 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	Did you consult a vocational counsellor regarding your choice of study? YES/NO		

on a separate sheet of paper.				
Have you previously received a Public Service Bur	sary? YES/NO			
If yes – until which year?				
ii yos antii wiiion year:				
Are/were you in possession of another bursary/sch	nolarship/financial aid? YES/NO			
If the answer is yes please indicate the name of the	e donor:			
in the answer is yes please indicate the name of the	e donor.			
Obligations attached to bursary/scholarship/financi	al aid:			
Have all the obligations been fulfilled? YES/NO				
Trave all the obligations been fulfilled: 125/140				
Name of the degree or diploma which you are app	lying for:			
What will the major subjects be for the degree or d	iploma?			
Number of years you intend studying for:				
Transor of years year mena staaying for:				
Name of tertiary institution you intend studying at:				
Name of tertiary institution you intend studying at.				
Provisional acceptance from the tertiary institution	at which you intend studying			
Provisional acceptance from the tertiary institution at which you intend studying				
Received or Not Received:				
QUALIFICATIONS				
QUALII IOATIONO				
Highest standard passed:	Name of school attended:			
	T / . 7			
	Town/city:			
LININGER CITY AND LOD OTHER ROST COLLOOL TO A INVINCTORIES				
UNIVERSITY AND/OR OTHER POST SCHOOL TRAINING/STUDIES				
Are you presently enrolled at a tertiary	Name of institution/college:			
institution/college?				

YES/NO				
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.				

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SIGNATURE OF APPLICANT	DATE
WITNESS	DATE
WITNESS	DATE
SIGNATURE OF PARENT/LEGAL GUARDIAN_ DATE:	
WITNESS	DATE
WITNESS	DATE

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RECOMMENDATION BY:		
NAME	SIGNATURE	
DATE:		

DECOMMENDATION BY LIDD / DUDGA BY COMMITTEE			
RECOMMENDATION BY HRD/ BURSAI	RY COMMITTEE		
NAME OF CHAIRPERSON	SIGNATURE		
	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).