

The Msunduzi Municipality Private Bag 321

Private Bag 321 PIETERMARITZBURG 3201

Telephone: 033 3923 000 www.msunduzi.gov.za

APPLICATION FOR BURSARY

NOTES TO APPLICANT											
 Thank-you for your interest in applying for a bursary with us Complete the form in your own handwriting in ink 											
Mark appropriate answers with an "x" where applica		41- 4-4-11-	-1 1 . 1		and a fact of						
 For the purpose of the Employment Equity Act (1998) all statistic details should be completed Please attach certified copies of the following documents together with this application form and indicate which items you have included by placing an X in the space provided 											
ID Book/ Passport	Drivers license										
Academic transcripts		Letter of registration from institution									
Fees Schedule		Other									
Total number of Pages attached:											
BURSARY DETAILS											
Bursary Applied for:											
Date of Advert:											
Reference Number:											
PERSONAL DETAILS											
Name:											
Postal Address:											
Code:											
Residential Address:											
Code:											
Telephone: (h)			(w)			(c)					
E-mail Address:											
Date of Birth: Citizenship:											
ID Number: Pass	Passport Number:										
Sex: Race:			Disable	d:	Yes	No					
If yes, furnish particulars											
rivers license: Yes No Period:											
EDUCATION AND QUALIFICATIONS											
Highest Grade:											
Name of School:											
Town/ City:											
1.					Period From:						
<u>\begin{align*}{0}{0} & 3. \end{align*}</u>					renou Fiolii.						
ີ່ qn 4. ກິ່ງ 5.					Period To:						
6.											

Tertiary Education (University/Technikon, College)	Qua Yea	ne of Institutionalification: or of Study: 1. 2. 3. 4. 5.	n:		Period From: Period To:						
If you are not currently enrolled at an educational institution, please indicate what you are doing at present;											
OTHER BURSARIES											
Do you have or have you	received a	study loan / b	ursary?	YES	NO [
If Yes, with whom?											
Period From:				Period To):						
MOTIVATION WHY YOU SHOULD BE CONSIDERED FOR A BURSARY											
			250142								
I declare that the above particulars are to the best of my knowledge true and correct and I understand and accept that should I be awarded a bursary, I will abide by the conditions of the Municipality's External Bursary Policy and other regulations applicable.											
Signat	ure of App	icant			Date:						
If still a minor, sig	nature of p	arent / guardia	an		Date:						