

APPLICATION FOR MUNICIPAL BURSARY

The completed form together with all supporting documentation must be submitted to the Executive Director:
 Corporate Services, Skills Development and Employment Equity Sub-directorate, Starport Building (15th Floor), Govan
 Mbeki Avenue, Gqeberha.

N.B. PLEASE COMPLETE ALL SECTIONS

TO BE ADDRESSED TO: Executive Director: Corporate Services Skills Development and Employment Equity Sub-directorate Nelson Mandela Bay Municipality		FIELD OF STUDY				DELIVER TO: 15 th Floor Starport Building Govan Mbeki Avenue Gqeberha			
TITLE (Mr / Mrs / Ms / Miss)	SURNAME			INITIALS	FIRST NAMES				
ID NUMBER									
MARITAL STATUS	SINGLE	MARRIED	SEPARATED	DIVORCED	WIDOWED	NUMBER OF CHILDREN			
HOME ADDRESS		POSTAL ADDRESS (if different from Home Address)				CONTACT NUMBERS			
						HOME			
						WORK			
						CELL			
HIGH SCHOOL EDUCATION									
LAST SCHOOL ATTENDED	NAME				LAST EXAMINATION WRITTEN (Date)				
	PLACE (City/Town)								
SUBJECTS						GRADE	FINAL EXAMINATION SYMBOLS		
OTHER EDUCATION									
UNIVERSITY / COLLEGE									
QUALIFICATION OBTAINED	DURATION OF COURSE		MAJOR SUBJECTS (where applicable) (ATTACH PHOTOCOPY OF THE UNIVERSITY REPORT ON ALL RESULTS)				FULL-TIME / PART-TIME		
	FROM	TO							
ARE YOU STUDYING AT PRESENT?			YES	NO					
UNIVERSITY / COLLEGE		QUALIFICATION			DURATION OF COURSE		FULL-TIME / PART-TIME		
					FROM	TO			

WORK EXPERIENCE

PRESENT EMPLOYER			
NATURE OF WORK			
PROPOSED FIELD OF STUDY			
NAME OF QUALIFICATION			
NUMBER OF YEARS			
UNIVERSITY / COLLEGE OF STUDY			
INTENDED MAJORS			
STUDY COMMITMENT (Bursaries, etc.)			
DO YOU HAVE ANY STUDY COMMITMENTS OF PREVIOUS OR PRESENT STUDIES? IF SO, GIVE PARTICULARS.			
NAME OF ORGANISATION	AMOUNT	SERVICE COMMITMENT	
PARTICULARS OF PARENTS / GUARDIAN			
FULL NAME AND SURNAME:			
HOME ADDRESS			
TELEPHONE	HOME	WORK	CELL
OCCUPATION			
NAME AND ADDRESS OF PARENT/GUARDIAN'S EMPLOYER			
<p><i>If successful in this application, I undertake, before taking up the bursary, to enter into a written agreement with the Council, together with such sureties as the Council may deem necessary, in which I undertake to enter the service of the Council on completion of my course of studies, and to serve the Council for a period of twelve months in respect of every academic year for which the bursary is paid.</i></p>			
SIGNED AT _____ ON THE _____ DAY OF _____ 2023.			
..... APPLICANT'S SIGNATURE			
ASSISTED INsofar AS MAY BE NECESSARY BY NATURAL PARENT / GUARDIAN			
.....PARENT / GUARDIAN			
REQUIRED SUPPORTING DOCUMENTS:			TICK IF ATTACHED
Certified Grade 12 Certificate			
Certified Statement of Results			
Acceptance Letter for Qualification from University			
Certified Identity Document of Applicant			
Certified Identity Document of Parents/Guardian, if applicant is a minor.			
Motivation Letter of not less than 500 words and not more than 1000 words.			
Course outline for duration of qualification			
Course timetable for duration of qualification			
Quotation from Institution for qualification applying for			
<ul style="list-style-type: none"> ALL CERTIFIED DOCUMENTS TO NOT BE OLDER THAN SIX (6) MONTHS ON THE DATE OF SUBMISSION. ALL APPLICATIONS MUST BE SUBMITTED BEFORE OR BY 14:00 ON THE CLOSING DATE OF 31 JANUARY 2023. LATE APPLICATION FORMS WILL NOT BE ACCEPTED OR CONSIDERED. APPLICATION FORMS SUBMITTED ANYWHERE ELSE BUT 15TH FLOOR, STARPORT BUILDING, GOVAN MBEKI AVENUE, WILL NOT BE ACCEPTED OR CONSIDERED. APPLICATION FORMS NOT ACCOMPANIED BY THE REQUIRED SUPPORTING DOCUMENTS STATED ABOVE WILL NOT BE ACCEPTED OR CONSIDERED. PROOF OF RESIDENCE (AFFIDAVIT FROM WARD COUNCILLOR / ACCOUNT STATEMENT) 			

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