



**GAUTENG PROVINCE**

SOCIAL DEVELOPMENT  
REPUBLIC OF SOUTH AFRICA

**GAUTENG DEPARTMENT OF SOCIAL DEVELOPMENT BURSARY SCHEME  
APPLICATION FORM FOR FINANCIAL ASSISTANCE IN 2024**

Tell us about yourself

Please print clearly in block letters

Please submit a certified copy of the applicant's ID

Surname:		Home Language:	
First name:		ID Number:	
Other name:		Nationality:	
Gender:		Disability (Y/N) Nature of Disability	
Marital status		Maiden Surname (if applicable)	

**Address**

Where do you live? (residential address)		Where should we send correspondence (postal address)	
Code		Code:	

Give us your contact details (applicant)

Home:	
Cell phone:	
E-mail:	
Relative	State relationship and name

Which school / s have you attended? Please attach a testimonial from the school.

Name of School	Grade completed	Period
		DAY / MONTH / YEAR
Address of School	Contact details of the school	
	Tel. Nr.	
	Fax Number	

What were your grade 10 and 11 results?

Please submit certified copies of grade 10 and 11 report cards.

Subject	HG / SG	% Grade 10	% Grade 11



Please submit a certified copy of your ID

Surname:	
What is the relationship: Parent, guardian, etc	
Employer:	
First name:	
Occupation:	
ID Number:	

Give us your parent/ guardian/caregiver contact details

Home:	
Cell phone:	
E-mail:	
Work:	

Please supply details of your financial position (to be completed by all applicants and/or parent/guardian/caregiver of the applicant, if under 18)

Who are your dependants?

Name of dependants	Relationship to applicant	Age

**Permanent Residential Address**

Please tick and attach proof of residence (rental contract, rates and taxes account, letter from orphanage/place of safety, etc.....)

Self-owned house/flat	
Hired house	
Staying with _____	
Hired flat	
Informal Settlement	
Place of Safety Name: _____	
Orphanage/ Children's home Name: _____	
Foster home Name: _____	
Other, please specify _____	

Please supply details of the household's monthly income

What is the total gross income earned by each person at home?

Gross Income: Please submit certified proof of income

Parent (Mother, Father, Both)	
Guardian (Specify family or non-family)	
Care Giver	
Spouse (Husband, Wife, Life Partner)	
<b>TOTAL INCOME</b>	

What are your monthly expenses as the breadwinner of the family?

Pension Fund (not deducted from salary)	
Medical Aid (private)	
Insurance	
Rent	
Water and Electricity	
Bond Payment	
Rates and Taxes	
Groceries	
Public Transport	
Motor vehicle repayments	

Motor Vehicle expense (petrol, repairs)	
Clothing Accounts	
Telephone (landlines and Cellular)	
Hire Purchase (furniture, appliances)	
School Fees	
Other expenses (please specify in the space below)	
TOTAL	

**Declaration to be signed by parent/guardian if the applicant is under 18**

This application will not be considered unless this declaration has been fully completed, and sworn to and signed in the presence of a Commissioner of Oaths, certifying that all the information is true and correct

I the parent/guardian hereby testify under oath that the above details are true and correct

Signature	
Name and Surname	
ID Number	
Date	DAY / MONTH / YEAR

I the applicant hereby testify under oath that the above details are true and correct

Signature	
Name and Surname	
ID Number	

Date	DAY / MONTH / YEAR
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***To be completed by a Commissioner of Oaths***

I certify that the deponent (s) has acknowledged that he/she understands the contents of this declaration that was sworn before me at

P L A C E on the 0 0 T H day of M O N T H 0 0 0 0

Signature	
Name and Surname	
Designation	

**The official stamp must be affixed here**

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