

BURSARY APPLICATION FORM EXTERNAL BURSARIES: 2024

Name of the applicant:	
University you intend to study at:	
Name of the qualification which you are applying for:	
District Municipality:	
Local Municipality:	
Ward:	

Instruction: Your completed Application Form must be accompanied with the following documentation:

- 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.
- 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 for Parents and yours.
- 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) Printout from the academic institution of the tuition fees that will be required (required only on the progressing students).
- 7) 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. NB Both Parents
- 8) Originally certified death certificate/s of parent/s.
- 9) Letter of motivation (explain why you believe you are deserving of a bursary outlining your circumstances).

*Please turn over to complete the 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:
EMAIL ADDRESS:	COUNCILLOR:URBAN OR RURAL AREA?
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

and as parameters as papers	
Have you previously received a Public Service Bur	sary? YES/NO
If yes – until which year?	
Where did you hear about this bursary?	
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:
Obligations attached to bursary/scholarship/financi	al aid:
Have all the obligations been fulfilled? YES/NO	
Name of the degree or diploma which you are appl	ying for:
What will the major subjects be for the degree or di	iploma?
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 T	RAINING/STUDIES
List the subjects passed thus far:	Address of institution/college:
Year of study in 2023:	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:

Full	Full name of parent/legal guardian (if applicable):		
Contact details of parent/legal guardian:			
Tel 1	Number: Cell phone number:		
Add	ress of parent/legal guardian:		
Emp	bloyer of parent/legal guardian:		
Add	ress of employer of parent/legal guardian:		
REV	/IEW, 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.		
I und	CLARATION derstand that this application for a bursary is not a loan and declare that the above particulars complete and correct.		

	
SIGNATURE OF APPLICANT	DATE
. WITNESS	DATE
2.WITNESS	DATE
SIGNATURE OF PARENT/LEGAL GUARDIA	

FOR OFFICE USE ONLY	
RECOMMENDATION BY:	
NAME	SIGNATURE
DATE:	
FOR OFFICE USE ONLY	
RECOMMENDATION BY HRD/ BU	JRSARY COMMITTEE
	SIGNATURE
NAME OF CHAIRPERSON	

FOR OFFICE USE ONLY	
APPROVED/NOT APPROVED	
DIRECTOR-GENERAL	SIGNATURE
DATE:	

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