



**KWAZULU-NATAL PROVINCE**

**SPORT, ARTS AND CULTURE**  
**REPUBLIC OF SOUTH AFRICA**

# **BURSARY APPLICATION FORM**

## **EXTERNAL BURSARIES 2024**

Name of Department to which application is addressed: \_\_\_\_\_

Name of the applicant: \_\_\_\_\_

University you intend to study in: \_\_\_\_\_

Name of the degree or diploma which you are applying for: \_\_\_\_\_

District Municipality: \_\_\_\_\_

Location Municipality: \_\_\_\_\_

Ward: \_\_\_\_\_

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

- 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 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**

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| <p><b>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.</b></p> | <p><b>Submit the completed application form and the relevant attachments as per address supplied in the advertisement.</b></p> |
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**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 on a separate sheet of paper.**

Did you consult a vocational counsellor regarding your choice of study?  
**YES/NO**

Have you previously received a Public Service Bursary? **YES/NO**

If yes – until which year? \_\_\_\_\_

Where did you hear about this bursary: \_\_\_\_\_

Are/were you in possession of another bursary/scholarship/financial aid? **YES/NO**

If the answer is yes please indicate the name of the donor: \_\_\_\_\_

Obligations attached to bursary/scholarship/financial aid: \_\_\_\_\_

Have all the obligations been fulfilled? **YES/NO**

Name of the degree or diploma which you are applying for: \_\_\_\_\_

What will the major subjects be for the degree or diploma?

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 TRAINING/STUDIES**

List the subjects passed thus far:

\_\_\_\_\_

Address of institution/college:

\_\_\_\_\_

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|--|--|
| <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>  | <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>  |
| <p>Current year of study:</p> <hr/>  | <p>Name of degree/diploma:</p> <hr/> <hr/>   |
| <p>What is the remaining duration of your current studies as prescribed by the tertiary institution?</p> <hr/> <hr/>                   | <p>List the subjects that still need to be completed to obtain the relevant qualification:</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> |
| <p>Please indicate the year you started studying for the current course of studies:</p> <hr/>  | <p>Have you ever failed any year of study?<br/><b>YES/NO</b></p> <p>Which year? _____</p>  |
| <p>Have you rewritten the examination/s for the subject/s failed? If yes, please indicate the date of the examination:</p> <hr/> <hr/> | <p>Student number at current institution:</p> <hr/>  |

Full name of parent/legal guardian (if applicable):

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Contact details of parent/legal guardian:

Tel Number: \_\_\_\_\_ Cell phone number: \_\_\_\_\_

Address of parent/legal guardian:

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Employer of parent/legal guardian: \_\_\_\_\_

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Address of employer of parent/legal guardian:

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### **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.

\_\_\_\_\_  
**SIGNATURE OF APPLICANT**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**WITNESS**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**WITNESS**

\_\_\_\_\_  
**DATE**

**SIGNATURE OF PARENT/LEGAL GUARDIAN** \_\_\_\_\_

**DATE:** \_\_\_\_\_

\_\_\_\_\_  
**WITNESS**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**WITNESS**

\_\_\_\_\_  
**DATE**

**FOR OFFICE USE ONLY**

**RECOMMENDATION BY:** \_\_\_\_\_

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\_\_\_\_\_  
**NAME**

\_\_\_\_\_  
**SIGNATURE**

**DATE:** \_\_\_\_\_

**FOR OFFICE USE ONLY**

**RECOMMENDATION BY HRD/ BURSARY COMMITTEE**

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\_\_\_\_\_  
**NAME OF CHAIRPERSON**

\_\_\_\_\_  
**SIGNATURE**

**DATE:** \_\_\_\_\_



**FOR OFFICE USE ONLY**

**APPROVED/NOT APPROVED**

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\_\_\_\_\_  
**ACTING HEAD OF DEPARTMENT**

\_\_\_\_\_  
**SIGNATURE**

**DATE:** \_\_\_\_\_