

KWAZULU-NATAL DEPARTMENT OF WORKS



**BURSARY APPLICATION FORM
PROSPECTIVE EXTERNAL BURSARY
HOLDERS
FULL TIME STUDIES**

<p>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</p>	<p>Submit the completed application form, and the relevant attachments, to the Regional/Head Office Human Resource Development Component in your area OR post to Private Bag X9142, Pietermaritzburg, 3200</p>
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PERSONAL PARTICULARS

FULL NAMES: _____

SURNAME: _____

IDENTITY NUMBER: _____

DATE OF BIRTH: _____

POSTAL ADDRESS: _____

PHYSICAL ADDRESS: _____

TELEPHONE NUMBER: (____) _____

FAX NUMBER : (____) _____

CELL PHONE NUMBER: _____

Alternate contact number: _____

NATIONALITY: **South African/** _____

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 _____

<p>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.</p>	<p>Did you consult a vocational counselor regarding your choice of study? YES/NO</p>
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Have you previously received a Public Service Bursary? **YES/NO**

If yes – until which year? _____

Were you previously a recipient of another bursary? **YES/NO**

If the answer is yes please indicate the name of the authority:

Nature of obligations:

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

QUALIFICATIONS

<p>Highest standard passed:</p> <p>_____</p>	<p>Name of school attended:</p> <p>_____</p> <p>Town/city:</p> <p>_____</p>
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UNIVERSITY AND/OR OTHER POST SCHOOL TRAINING/STUDIES

Are you presently enrolled at a tertiary institution/college? <p style="text-align: center;">YES/NO</p>	Name of institution or college: _____ _____
List the subjects passed thus far: _____ _____ _____ _____ _____ _____	Address of institution/college: _____ _____ _____ _____ _____ _____
Current year of study: _____	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? <p style="text-align: center;">YES/NO</p> Which year? _____
Have you rewritten the examination for the subjects failed? If yes please indicate the date of the examination: _____ _____	Student number at current institution: _____ _____

Please indicate the annual gross income of your legal guardian or father should you be dependent on them during the course of your intended studies (please tick the relevant option):

LESS THAN R19 000

R19 000 – R90 000

OVER R90 000

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

Contact details of father/legal guardian:

Tel Number: _____ Cell phone number: _____

Address of father/legal guardian:

Employer of father or legal guardian: _____

Address of employer:

DECLARATION

I understand that this application for a bursary is not a loan and declare that the above particulars are complete and correct and that I (the applicant) intend making my services available to the Public Service upon obtaining the qualification in question in terms of the bursary undertaking which is to be entered into.

SIGNATURE OF APPLICANT

DATE

WITNESS

DATE

WITNESS

DATE

SIGNATURE OF FATHER/LEGAL GUARDIAN _____

DATE: _____

WITNESS

DATE

WITNESS

DATE

RECOMMENDATION BY GENERAL MANAGER/HUMAN RESOURCE MANAGER:

NAME OF MANAGER

SIGNATURE

DATE: _____

RECOMMENDATION BY REGIONAL/HEAD OFFICE BURSARY COMMITTEE

NAME OF CHAIRPERSON

SIGNATURE

DATE: _____

RECOMMENDATION BY PROVINCIAL BURSARY COMMITTEE

NAME OF CHAIRPERSON

SIGNATURE

DATE: _____

APPROVED/NOT APPROVED/VARIED

NAME OF HEAD OF DEPARTMENT

SIGNATURE

DATE: _____

REQUIREMENTS

Please provide the following with the Bursary application form:

- 1) A certified copy of an official statement of results as well as official proof of matriculation exemption if it is a requirement for the course of study you intend following. If the examination still needs to be written, attach a certified copy of the statement of symbols for the examination.**
- 2) A certified copy of the official study record showing marks, symbols, percentages obtained in all examinations (including the matriculation examination) written, as well as the half year result in respect of the present year of study**
- 3) Certified copy of identity document**
- 4) Copy of the admission requirements and number of modules/subjects from the academic institution for the intended course of study**
- 5) Copy of the curriculum (indicating the number of years of study) from the academic institution for the intended course of study**
- 6) Affidavit indicating that you are unemployed**
- 7) Study plan indicating how the course will be completed over the stipulated contract period**
- 8) Printout from the academic institution of the tuition fees, prescribed books, and all other fees that will be required**
- 9)**

