



KWAZULU - NATAL GOVERNMENT

PROVINCIAL BURSARY APPLICATION FORM

2013



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Department:
Co-operative Governance and Traditional Affairs
PROVINCE OF KWAZULU-NATAL

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.



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Submit the completed application form and the relevant attachments to the Directorate:

HUMAN CAPITAL DEVELOPMENT

330 Langalibalele Street

PIETERMARITZBURG

3201

OR post to

Private Bag X9078

PIETERMARITZBURG,3200

PERSONAL PARTICULARS

FIRST NAMES: _____

SURNAME: _____

IDENTITY NUMBER: _____

DATE OF BIRTH: _____

POSTAL ADDRESS: _____

PHYSICAL ADDRESS: _____

TELEPHONE NUMBER: (____) _____

FAX NUMBER :(____) _____

CELL PHONE NUMBER:

ALTERNATE CONTACT NUMBER:

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 _____

<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 counsellor regarding your choice of study? YES/NO</p>
<p>Have you previously received a Public Service Bursary? YES/NO</p> <p>If yes – which year and for how long? _____</p> <p>Name of Diploma/Degree: _____</p>	
<p>Are/were you in possession of another bursary/scholarship? YES/NO</p> <p>If the answer is yes please indicate the name of the donor and name of diploma/degree: _____</p>	
<p>Obligations attached to bursary/scholarship: _____</p> <p>Have all the obligations been fulfilled? YES/NO</p>	
<p>Name of the degree or diploma which you are applying for: _____</p>	
<p>What will the major subjects be for the degree or diploma? _____</p>	
<p>Number of years you intend studying for: _____</p>	
<p>Name of tertiary institution you intend studying at: _____</p>	

QUALIFICATIONS

Highest standard passed:

Name of school attended:

Town/city:

UNIVERSITY AND/OR OTHER POST SCHOOL TRAINING/STUDIES

Are you presently enrolled at a tertiary institution/college?

YES/NO

Name of institution/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? 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: _____ _____
<p>*** Attached Income and Expenditure form to be filled out by Parent/Guardian (proof of income to be attached to application)</p> <p>Please indicate the annual gross income of your parent or legal guardian should you be dependent on them during the course of your intended studies (please tick the relevant option):</p> <p>Single parent/guardian LESS THAN R30 000 per annum <input type="checkbox"/></p> <p>Combined both spouses LESS THAN R60 000 per annum <input type="checkbox"/></p>	
Full name of parent/legal guardian (if applicable): _____ _____	
Contact details of parent/legal guardian: Tel Number: _____ Cell phone number: _____	
Address of parent/legal guardian: _____ _____ _____	
Employer of parent/legal guardian: _____ _____ Address of employer of parent/legal guardian: _____ _____ _____	

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

RECOMMENDATION BY SENIOR MANAGER HUMAN CAPITAL DEVELOPMENT:

NAME

SIGNATURE

DATE: _____

RECOMMENDATION BY BURSARY COMMITTEE

NAME OF CHAIRPERSON

SIGNATURE

DATE: _____

APPROVED/NOT APPROVED

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 bachelor's certificate (matriculation exemption).**
- 2) A certified copy of your official study record showing marks, symbols, percentages obtained in all examinations written (including the matriculation examination).**
- 3) A certified copy of your identity document.**
- 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) Study plan indicating how the course will be completed over the stipulated bursary period. (Complete attached study plan – Annexure A)**
- 7) Printout from the academic institution of the tuition fees that will be required.**
- 8) Income and expenditure statement of parent/legal guardian. (Complete attached income and expenditure form – Annexure B)
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.**
- 9) Originally certified death certificate/s of parent/s.**
- 10) Letter of motivation (explain why you believe you are deserving of a bursary outlining your circumstances).**



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STUDY PLAN: 2013 to 2015

NAME: _____ **I.D.NO.** _____

EDUCATIONAL INSTITUTION: _____

QUALIFICATION: _____

I propose to study for the above qualification as follows:-

COURSES		
SUBJECT/COURSE NAME	COURSE CODE	YEAR TO BE TAKEN

Attach copy of syllabus.

Sign: _____ **Name:** _____ **Date:** _____



DETAILS OF MONTHLY INCOME AND EXPENDITURE

NAME OF PARENT: _____

NETT INCOME: **SELF:** _____

SPOUSE: _____

ADDITIONAL: _____

TOTAL NETT INCOME: R

RENTAL OF HOUSE/FLAT _____

ELECTRICITY _____

TELEPHONE _____

DOMESTIC WAGES _____

GROCERIES _____

TRANSPORT EXPENSES _____

EDUCATIONAL EXPENSES _____

MEDICAL EXPENSES _____

LEGAL FEES _____

VEHICLE, FURNITURE AND CLOTHING ACCOUNTS:	
NAME	INSTALMENT

ANY OTHER ACCOUNTS (PLEASE SPECIFY, INCLUDING ANTICIPATED DATE THAT DEBT WILL BE FINALISED):

TOTAL EXPENSES R _____

.....
SIGNATURE OF PARENT/GUARDIAN

.....
DATE