

# **KWAZULU-NATAL DEPARTMENT OF PUBLIC WORKS**



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

**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, to the  
Deputy Manager: Human Resource  
Development and post to Private Bag  
X9142, Pietermaritzburg, 3200**

**PERSONAL PARTICULARS**

FULL NAMES: \_\_\_\_\_

SURNAME: \_\_\_\_\_

IDENTITY NUMBER: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

POSTAL ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TELEPHONE NUMBER: (\_\_\_\_) \_\_\_\_\_

FAX NUMBER : (\_\_\_\_) \_\_\_\_\_

CELL PHONE NUMBER: \_\_\_\_\_

Alternate contact number: \_\_\_\_\_

Email address \_\_\_\_\_

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? <b>YES/NO</b>  <b>If the answer is yes please furnish full details on a separate sheet of paper.</b></p>	<p>Did you consult a vocational counselor regarding your choice of study?  <b>YES/NO</b></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 any other bursary/loan? **YES/NO**  
 If the answer is yes please indicate the name of the authority and the amount  
 \_\_\_\_\_  
 Nature of obligations: \_\_\_\_\_

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

Name of the degree which you are applying for  
 \_\_\_\_\_

What will the major subjects be for the degree?  
 \_\_\_\_\_

Number of years you intend studying for  
 \_\_\_\_\_

Name of tertiary institution you intend studying at  
 \_\_\_\_\_

**QUALIFICATIONS**

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

<p>Are you presently enrolled at a tertiary institution? <b>YES/NO</b></p>	<p>Name of institution: _____</p>
<p>List the subjects passed thus far: _____ _____ _____ _____ _____ _____</p>	<p>Address of institution: _____ _____ _____ _____ _____ _____</p>
<p>Current year of study: _____</p>	<p>Name of degree: _____ _____</p>
<p>What is the remaining duration of your current studies as prescribed by the tertiary institution _____ _____</p>	<p>List the subjects that still need to be completed to obtain the relevant qualification: _____ _____ _____ _____ _____ _____</p>
<p>Please indicate the year you started studying for the current course of studies: _____</p>	<p>Have you ever failed any year of study? <b>YES/NO</b></p> <p>Which year? _____</p>
<p>Have you rewritten the examination for the subjects failed? If yes please indicate the date of the examination: _____ _____</p>	<p>Student number at current institution: _____ _____</p>

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 of father or legal guardian:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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**

**FOR OFFICE USE ONLY**

**RECOMMENDATION BY GENERAL MANAGER/HUMAN RESOURCE MANAGER:**

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\_\_\_\_\_  
**NAME OF MANAGER**

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

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

**RECOMMENDATION BY REGIONAL/HEAD OFFICE BURSARY COMMITTEE**

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

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

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

**RECOMMENDATION BY DEPARTMENTAL BURSARY COMMITTEE**

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

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

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

**APPROVED/NOT APPROVED/VARIED**

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\_\_\_\_\_  
**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 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) List of prescribed books required**

**DEPARTMENT OF PUBLIC WORKS**  
**STUDY PLAN FOR BURSARY HOLDER**

<b>NAME:</b>	<b>SEMESTER/ANNUAL COURSE:</b>
<b>STUDENT NUMBER:</b>	<b>FIRST YEAR OF STUDY:</b>
<b>NAME OF INSTITUTION:</b>	<b>NO. OF YEARS OF STUDY:</b>
<b>QUALIFICATION:</b>	

SUBJECTS	RESULTS	SUBJECTS	RESULTS
<b>1<sup>ST</sup> YEAR:</b>			
<b>2<sup>ND</sup> YEAR</b>			
<b>3<sup>RD</sup> YEAR:</b>			
<b>4<sup>TH</sup> YEAR</b>			
<b>5<sup>TH</sup> YEAR:</b>			

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

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

