



# **KWAZULU - NATAL GOVERNMENT**

## **PROVINCIAL BURSARY APPLICATION FORM FOR 2024 ACADEMIC YEAR**

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: \_\_\_\_\_

**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**

<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 as per address supplied in the advertisement.</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: \_\_\_\_\_  
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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 bursaries: \_\_\_\_\_

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**

<p>List the subjects passed thus far:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Address of institution/college:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Current year of study:</p> <p>_____</p>	<p>Name of degree/diploma:</p> <p>_____</p> <p>_____</p>
<p>What is the remaining duration of your current studies as prescribed by the tertiary institution?</p> <p>_____</p> <p>_____</p>	<p>List the subjects that still need to be completed to obtain the relevant qualification:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Please indicate the year you started studying for the current course of studies:</p> <p>_____</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/s for the subject/s failed? If yes, please indicate the date of the examination:</p> <p>_____</p> <p>_____</p>	<p>Student number at current institution:</p> <p>_____</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.

**PRIVACY NOTICE**

I declare that all the personal information furnished by me on this form is true and correct, and I undertake to inform the Kwa-Zulu Natal Department of Human Settlements (KZN DHS) of any changes in my personal information.

I undertake to comply with all the rules, regulations, and decisions of KZN DHS and any amendments thereto and I have taken note of advice which may be applicable to beneficiaries in general.

I, as a beneficiary at KZN DHS, hereby consent that KZN DHS may collect, use, distribute, process my personal information for its business purposes, which may include, but is not limited to internal administrative processes pertaining to services offered to me by the KZN DHS.

I also consent that KZN DHS may share my personal information with the external auditors, relevant government institutions, relevant governance structures and legal entities which may lawfully require such information for legal obligations and/or investigations.

I understand that in terms of the POPIA and other laws of the country, there are instances where my express consent is not necessary to permit the processing of personal information, which may be related to investigations, litigation, compliance with legislative requirements or when personal information is publicly available.

I will not hold KZN DHS responsible for any improper or unauthorised use of personal information that is beyond its reasonable control.

I confirm that I have read the notice and understand the contents.

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

\_\_\_\_\_  
DATE

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

\_\_\_\_\_  
DATE

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

\_\_\_\_\_  
DATE

\_\_\_\_\_  
WITNESS 1

\_\_\_\_\_  
DATE

\_\_\_\_\_  
WITNESS 2

\_\_\_\_\_  
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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\_\_\_\_\_  
**DIRECTOR-GENERAL**

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

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