



KWAZULU - NATAL GOVERNMENT

PROVINCIAL BURSARY APPLICATION FORM FOR 2025 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: _____

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

- 1) Letter of motivation (explain why you believe you are deserving of a bursary outlining your academic and home circumstances clearly).
- 2) An originally certified copy of your Matric certificate or Statement of Results.
- 3) An originally certified copy of your official study record for the current academic year or previous academic year depending on the time you apply (if you are already studying at a tertiary institution).
- 4) An originally certified clear copy of your identity document.
- 5) Originally certified clear copies of both your parents or guardians' identity documents (if you only live with one parent, that parent/guardian must provide an affidavit explaining the whereabouts of the other parent or parents)
- 6) Copy of the Acceptance letter or Proof of registration from the academic institution for the intended course of study.
- 7) If you are already studying, a copy of the curriculum indicating the number of years of study, number of modules/subjects to be taken from the academic institution.
- 8) If already studying, a printout from the academic institution of the tuition fees to be paid.
- 9) Income and expenditure statement of parent/legal guardian (i.e. Your monthly budget).
- 10) Proof of income of parent(s) or guardian (i.e. letter of unemployment from the Department of Labour or SASSA letter or Pension receipt or letter from employer or Payslip or a Household Profiling certificate from Social Development or a sworn affidavit)
- 11) Originally certified death certificate/s of parent/s or guardians in case of death.
- 12) Proof of residence obtained from your area counsellor.

IMPORTANT: Correspondence will only be issued to successful applicants. If you do not receive a response within 30-days of application, kindly consider your application as unsuccessful.

***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: _____	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	
List the subjects passed thus far: _____ _____	Address of institution/college: _____

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<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? YES/NO</p> <p>Which year? <hr/></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):

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

FOR OFFICE USE ONLY

RECOMMENDATION BY: _____

NAME

SIGNATURE

DATE: _____

FOR OFFICE USE ONLY

RECOMMENDATION BY HRD/ BURSARY COMMITTEE

NAME OF CHAIRPERSON

SIGNATURE

DATE: _____

FOR OFFICE USE ONLY

APPROVED/NOT APPROVED

DIRECTOR-GENERAL

SIGNATURE

DATE: _____