



DUBE TRADEPORT CORPORATION

BURSARY APPLICATION FORM

2025

(External)

<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 and send to: <u>DTPCbursaries@dubetradeport.co.za</u></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: _____
EMAIL ADDRESS: _____	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? _____	
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

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:

Please indicate the annual gross income of your parent/s or legal guardian should you be dependent on them during the course of your intended studies (**please indicate or tick the relevant option by putting a cross next to the what is relevant to you**):

Indicate if you are a Single Parent / 2 Parents / Guardian	
Gross Income bracket (for both parents):	(tick next to the relevant bracket) X
0 – 100 000	
100 001 – 400 000	
400 001 – 600 000	
600 001 – 800 000	
800 001 and above	

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 Dube Tradeport Corporation 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

DATE: _____

DATE _____

DATE

RECOMMENDATION BY CSI MANAGER/DTPC BURSARY COMMITTEE:

SIGNATURE

DATE: _____

[illegible]

NAME _____

SIGNATURE

DATE: _____

REQUIREMENTS

Please provide the following with the Bursary Application Form:

- 1) An originally certified copy of your official study record showing marks, symbols, percentages obtained in all examinations written.**
- 2) An originally certified copy of your identity document.**
- 3) Proof or evidence of registration**
- 4) 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.**
- 5) Statement from the academic institution of the tuition fees that will be required.**
- 6) Income and expenditure statement of parent/s or 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.**
- 7) Originally certified death certificate/s of parent/s (if applicable).**
- 8) Letter of motivation (explain why you believe you are deserving of a bursary outlining your circumstances).**