KWAZULU-NATAL PROVINCE
SPORT, ARTS AND CULTURE
REPUBLIC OF SOUTH AFRICA

BURSARY APPLICATION FORM

EXTERNAL BURSARIES 2027

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 Municipality: _____

Location Municipality: _____

Ward: _____

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**

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 as per address supplied in the advertisement.**

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:

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: _____

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: _____

_____
_____
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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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_____ _____

ACTING HEAD OF DEPARTMENT **SIGNATURE**

DATE: _____