



**KWAZULU-NATAL PROVINCE**

ECONOMIC DEVELOPMENT, TOURISM  
AND ENVIRONMENTAL AFFAIRS  
REPUBLIC OF SOUTH AFRICA

# **EDTEA BURSARY APPLICATION FOR 2021**

Name of the applicant: \_\_\_\_\_

University you intend to register with: \_\_\_\_\_

Name of the degree you intend register for: \_\_\_\_\_

Local Municipality: \_\_\_\_\_

District Municipality: \_\_\_\_\_

**Important instructions: Your fully completed Application Form must be accompanied with the following documentation:**

- 1) An originally certified copy of the applicant Identity Document.**
- 2) An originally certified copy of an official results for Grade 11 final year and mid-year Grade 12 as well as official proof of Grade 12 or Matric certificate (if available).**
- 3) Copy of an acceptance letter from the academic institution for the intended course of study.**
- 4) Proof of residence must be included (e.g. Municipality account of parent/s or guardian/s, Municipality or Ward Councillour letter)**
- 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) Originally certified copy of parent/s or guardian/s or death certificate/s**
- 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.**
- 8) Letter of motivation (explain why you believe you are deserving of a bursary outlining your circumstances).**

**\*Please turn over to complete the form**

<p><b>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.</b></p>	<p><b>Submit the completed application form and the relevant attachments as per address supplied in the advertisement.</b></p>
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**SECTION A: PERSONAL PARTICULARS**

FIRST NAMES: \_\_\_\_\_

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

IDENTITY NUMBER: _____	DATE OF BIRTH: _____
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POSTAL ADDRESS: _____ _____	PHYSICAL ADDRESS: _____ _____
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TELEPHONE NUMBER: (____) _____	DISTRICT: _____
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CELL PHONE NUMBER: _____	LOCAL MUNICIPALITY: _____
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ALTERNATE NUMBER: _____	WARD NUMBER: _____
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FAX NUMBER: _____	COUNCILLOR: _____
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NATIONALITY: _____	MARITAL STATUS: <b>Single/Married/Divorced/Widowed</b>
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GENDER: <b>Male/female</b>	DISABILITY: <b>YES/NO</b> _____
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RACE: <b>Black/Coloured/Indian/ White</b>	Are you currently employed? <b>YES/NO</b> If yes, please elaborate _____ _____
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<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 counsellor 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? \_\_\_\_\_

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

**SECTION B: QUALIFICATIONS**

Highest standard passed: _____ Year completed _____	Name of school attended: _____ Town/city: _____
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**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? <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> <hr/> <hr/>	<p>Student number at current institution:</p> <hr/>

**SECTION C: DETAILS OF PARENT/S OR GUARDIAN/S**

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 Department 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.

**SECTION D: DECLARATION**

I understand that this application for a bursary is not a loan and declare that the above particulars are complete and correct.

**NAME OF THE APPLICANT:**  
\_\_\_\_\_

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

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

**1: NAME OF WITNESS**  
\_\_\_\_\_

**SIGNATURE OF WITNESS**  
\_\_\_\_\_

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

**2: NAME OF WITNESS**  
\_\_\_\_\_

**SIGNATURE OF WITNESS**  
\_\_\_\_\_

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

**NAME OF PARENT/S OR LEGAL GUARDIAN/S**  
\_\_\_\_\_

**SIGNATURE OF PARENT/S OR LEGAL GUARDIAN/**  
\_\_\_\_\_

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

**FOR OFFICE USE ONLY**

**RECOMMENDATION BY BURSARY UNIT OFFICIAL:**

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NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_

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

**APPROVED BY HUMAN RESOURCE DEVELOPMENT COMMITTEE**

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

SIGNATURE \_\_\_\_\_

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