



# KWADUKUZA BURSARY APPLICATION FORM

# 2014

Please print clearly when completing this form.

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 documents, to The Municipal Manager:  
KwaDukuza Municipality, 14 Chief Albert Luthuli Street, KwaDukuza 4450 OR post to  
P.O Box 72, KwaDukuza, 4450

## 1. PERSONAL PARTICULARS

Surname : \_\_\_\_\_  
First Names : \_\_\_\_\_  
Nick Name : \_\_\_\_\_

## CONTACT DETAILS

Postal Address : \_\_\_\_\_  
CODE : \_\_\_\_\_  
Email Address : \_\_\_\_\_  
Physical Address : \_\_\_\_\_  
Code : \_\_\_\_\_  
Ward : \_\_\_\_\_  
Area : \_\_\_\_\_

Name of Ward Councillor : \_\_\_\_\_

Signature of Ward Councillor : \_\_\_\_\_

Councillor's stamp:

## 2. QUALIFICATIONS

Highest Grade Passed : \_\_\_\_\_  
Name of school attended : \_\_\_\_\_  
Town/City : \_\_\_\_\_

## UNIVERSITY AND/OR OTHER POST SCHOOL TRAINING/STUDIES

Are you presently enrolled at a tertiary institution? YES/NO

If Yes, Name of an institution : \_\_\_\_\_

Student number at current institution : \_\_\_\_\_

Year of study: : \_\_\_\_\_

Name of qualification : \_\_\_\_\_

List the subjects passed thus far : \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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. \_\_\_\_\_. If Yes, which year? \_\_\_\_\_

Have you rewritten the examination/s for the subject/s failed? If yes, please indicate the date of the examination: \_\_\_\_\_

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 : \_\_\_\_\_

Name of the qualification which you are applying for : \_\_\_\_\_

### PLEASE ATTACH PROOF

#### 3. TO BE FILLED BY STUDENTS WHO ARE APPLYING FOR THE FIRST TIME/YEAR STUDENTS

What will be the major subjects for the qualification?

\_\_\_\_\_

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: \_\_\_\_\_

#### 4. DETAILS OF THE PARENTS OR GUARDIAN OF THE APPLICANT

Full name of parent/legal guardian: \_\_\_\_\_

Marital status: \_\_\_\_\_

Please indicate the annual gross income of parent or legal guardian:

LESS THAN R60 000 per annum \_\_\_\_\_

LESS THAN R120 000 per annum \_\_\_\_\_

### ATTACH PROOF OF INCOME

**5. REVIEW, SUSPENSION AND EXTENSION**

KwaDukuza Municipality 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.

1. SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

FIRST WITNESS - NAME AND SURNAME: \_\_\_\_\_ DATE: \_\_\_\_\_

SECOND WITNESS - NAME AND SURNAME: \_\_\_\_\_ DATE: \_\_\_\_\_

2. SIGNATURE OF PARENT/LEGAL GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_\_

FIRST WITNESS - NAME AND SURNAME: \_\_\_\_\_ DATE: \_\_\_\_\_

SECOND WITNESSM - NAME AND SURNAME: \_\_\_\_\_ DATE: \_\_\_\_\_

FOR OFFICE USE ONLY
COMMENTS

APPROVED

NOT APPROVED

\_\_\_\_\_  
N.J Mdakane  
Municipal Manager