



human settlements

**Department:
Human Settlements
PROVINCE OF KWAZULU-NATAL**

Eagle Building, 353-363 Dr Pixley Kaseme Street, Durban,
Private Bag X54367, Durban, 4000
twitter:@kzn dohs | facebook: KZN HUMAN SETTLEMENTS

DEPARTMENT OF HUMAN SETTLEMENTS EXTERNAL BURSARY APPLICATION FOR 2019

NAME OF THE APPLICANT: _____

UNIVERSITY YOU INTEND TO STUDY AT: _____

NAME OF THE QUALIFICATION WHICH YOU ARE APPLYING FOR: _____

DISTRICT MUNICIPALITY: _____

LOCAL MUNICIPALITY: _____

WARD: _____

Please follow instruction below: Your completed Application Form must be accompanied with the following documentation:

- 1) An originally certified copy of your identity document.**
- 2) An originally certified copies of ID of both parents/guardian. In an event of death of one or both parent/s, death certificate/s of parents should be attached. Should one or both parents not known whereabouts, Police Affidavit with case reference number for the case should be attached.**
- 3) Copy of the provisional or admission letter from the academic institution for the intended course of study. If you have not yet accepted, proof of application through CAO or institution of higher learning should be attached.**
- 4) Copy of curriculum (indicating the number of years of study, number of modules/subjects to be undertaken) from the academic institution for the intended course of study.**
- 5) Printout from the academic institution of the tuition fees that will be required (required only on the progressing students).**
- 6) Income and expenditure statement of parent/legal guardian. Proof of income of parents/guardian (payslips, proof payout/ letter from SASSA or bank statement not older than 3 months). Proof of unemployment which is obtainable from Department of Labour stating that they are unemployed.**
- 7) Letter of motivation by the applicant (explain why you believe you are deserving of a bursary outlining your circumstances).**
- 8) An originally certified copy of your official study record (printed on official letterhead of the institution) showing marks, symbols, percentages obtained in all examinations written (including the matriculation examination third quarter examination results).**
- 9) Proof of residence which could be either letter from the local leadership i.e Ward Councilor/Traditional Leader/ utility bill if it's written under parent or guardian name and it should be accompanied by an SAPS Affidavit.**

***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 to the address supplied in the advertisement.
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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: Single/Married/Divorced/Widowed
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GENDER: Male/female	DISABILITY: YES/NO _____
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RACE: Black/Coloured/Indian/ White	Are you currently employed? YES/NO If yes, please elaborate _____ _____
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Have you ever been convicted of a criminal offence? **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? _____

What does it cover? _____

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 or 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**

If yes 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 KZN Department of Arts & Culture 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 DEPARTMENTAL BURSARY COMMITTEE USE ONLY

RECOMMENDATION BY:

NAME OF BURSARY COMMITTEE MEMBER

SIGNATURE

DATE: _____

APPROVED BY:

NAME OF CHAIRPERSON

SIGNATURE

DATE: _____