



# GAUTENG PROVINCE

e-GOVERNMENT  
REPUBLIC OF SOUTH AFRICA

## GAUTENG DEPARTMENT OF e-GOVERNMENT

### APPLICATION FOR A BURSARY

IMPORTANT: -

Please PRINT when completing the form.

Mark appropriate blocks with an "X".

Take careful note of the details and conditions as set out in the information sheet, as non-compliance therewith, will prejudice your chance of obtaining a bursary.

Enquires:

[Fezisa.Mfo@gauteng.gov.za](mailto:Fezisa.Mfo@gauteng.gov.za)

[Refiloe.Ntsoelikane@gauteng.gov.za](mailto:Refiloe.Ntsoelikane@gauteng.gov.za)

## INFORMATION SHEET

### Who may apply?

**Members of the South African youth, who are between the ages of 18 and 35, who are registered with a SAQA accredited tertiary education institution within the borders of South Africa.**

**Bursary applications which do not comply with all the requirements listed below automatically shall not be considered.**

## APPLICATION REQUIREMENTS

1. Application shall be made by completion of the official bursary application form.
2. The below listed documents must be submitted with the application:
  - (a) Grade 12/Senior Certificate
  - (b) Previous year's results (if already enrolled)
  - (c) Proof of admission into the identified field of study.
  - (d) latest date of registration.
  - (e) Provide proof of residence and total household income.
  - (f) total cost of registration, tuition and examination fees.
3. A motivation indicating your reasons for enrolling for the intended qualification signed by yourself and parent or legal guardian.
4. A testimonial by your parent(s) or legal guardian.
  - (a) Proof of residence;
  - (b) Total household income;
5. Should your application be approved you will be required to:
  - (a) sign a contractual agreement and a debt recovery commitment
  - (b) submit an invoice
  - (c) submit proof of registration
  - (d) Submit a quotation for prescribed study material

## APPLICATION FOR A BURSARY FOR STUDY PURPOSES

Indicate with an "X"	
Serving official, as defined	

### A. PERSONAL DETAILS

<b>Title:</b>	<input type="checkbox"/> Rev	<input type="checkbox"/>	<input type="checkbox"/> Prof	<input type="checkbox"/>	<input type="checkbox"/> Dr	<input type="checkbox"/>	<input type="checkbox"/> Mr	<input checked="" type="checkbox"/> X	<input type="checkbox"/> Ms	<input type="checkbox"/>
<b>Surname:</b>										
<b>Full name(s):</b>										
<b>ID no:</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Residential address:</b>										
	Code: <input type="text"/>									
<b>Postal address:</b>										
<i>(If different from residential)</i>										
	Code: <input type="text"/>									
<b>Tel no: (W)</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>(H)</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>(Cell)</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>(E-mail)</b>										
<b>Gender:</b>	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/>	<b>Race:</b>	<input type="checkbox"/> African	<input type="checkbox"/> White	<input type="checkbox"/> Coloured	<input type="checkbox"/> Indian	<input type="checkbox"/> Asian	<input type="checkbox"/>
<b>Disability</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No								
<b>Name of parent/ legal guardian:</b>										
<b>Contact numbers:</b>										

### B. MOST RECENT EDUCATIONAL QUALIFICATION OBTAINED

Most recent educational qualification / school level completed:

Year of completion:

Institution:

<b>School/Technikon/University:</b>	<input style="width: 100%;" type="text"/>
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List of major subjects:


**C. PREVIOUS BURSARY DETAILS**

Have you previously or currently a bursary recipient

Yes		No	
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If yes, please provide name of sponsor

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Also indicate indicate:

Period for which the bursary was granted			
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Field of study for which the bursary was granted			
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Status of studies

Completed		Not Completed	
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If you previously were granted a bursary by any organization, kindly indicate any outstanding obligation(s) towards such organization in this regard:

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**D. CURRENT BURSARY APPLICATION DETAILS**

Qualification you intend enrolling for:

Pre-tertiary		Tertiary	
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NQF Level


List of major subjects:


Institution you intend to enroll at / through:

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Location of Institution (City):

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Capacity:

Full-time		Part-time	
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Duration of total study period for obtainment:

1	2	3	4	Years
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Have you commenced your studies in obtainment of this qualification yet?

Yes		No	
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If yes, your next year of study will be:

2 <sup>nd</sup>		3 <sup>rd</sup>		4 <sup>th</sup>	
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Intended registration date:

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Latest registration date as determined by Institution:

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**DECLARATION BY THE APPLICANT**

I (full names) ..... DECLARE THAT THE ABOVE PARTICULARS ARE COMPLETE AND CORRECT, AND I UNDERSTAND THAT ANY FALSE INFORMATION SUPPLIED, COULD LEAD TO THE IMMEDIATE CANCELLATION OF MY BURSARY, SHOULD SUCH BE GRANTED.

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

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

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN (where applicable)

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