

The Msunduzi Municipality
Private Bag 321
PIETERMARITZBURG 3201

Telephone: 033 3923 000 www.msunduzi.gov.za

APPLICATION FOR BURSARY

NOTES TO APPLICANT									
NOTES TO APPLICANT Thank-you for your interest in applying for a bursary with us Complete the form in your own handwriting in ink Mark appropriate answers with an "x" where applicable For the purpose of the Employment Equity Act (1998) all statistic details should be completed Please attach certified copies of the following documents together with this application form and indicate which items you have included by placing an X in the space provided									
ID Book/ Passport		Drivers license							
Academic transcripts		Letter of registration from institution							
Fees Schedule		Other							
Total number of Pages attached:									
BURSARY DETAILS									
Bursary Applied for:									
Date of Advert:									
Reference Number:									
PERSONAL DETAILS									
Name:									
Postal Address:									
·			Code:						
Residential Address:									
Code:									
Telephone:	(h)		(w)		(c)				
E-mail Address:									
Date of Birth: Citizenship:									
ID Number: Passport Number:									
Sex: Race:]	Disabled:	Yes	No				
If yes, furnish particulars									
Drivers license: Yes	No Pe	eriod:							
EDUCATION AND QUALIFICATIONS									
	Highest Grade:								
Name of School:									
School Education	Town/ City:								
2011001 = 4440411011	1. φ 2			Period From:					
	3.	ຊຽວຢູ່ 2. 3. 4. 5.		i Gilou i Iolli.					
	qn 4. 5.			Period To:					
	6.								

	Name of Institutio	n:							
Tertiary Education (University/Technikon/	Qualification:								
	Year of Study:								
	_			7					
College)	ූ 1. භූ 2.			Period From:					
3.7	3.			r enou i rom.					
	Subjects 3. 4. 5.								
	が 5. 6.			Period To:					
If you are not currently enrolled at an educational institution, please indicate what you are doing at present;									
OTHER BURSARIES									
Do you have or have you re	ceived a study loan / b	ursary?	YES	NO					
If Yes, with whom?									
Period From:			Period T	o:					
MOTIVATION WHY YOU SHOULD BE CONSIDERED FOR A BURSARY									
		DECLARATION							
I declare that the above particulars are to the best of my knowledge true and correct and I understand and accept that should I be awarded a bursary, I will abide by the conditions of the Municipality's External Bursary Policy and other regulations applicable.									
Signature	of Applicant			Date:					
If still a minor, signa	ture of parent / guardia	an		Date:					