



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

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

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

B. MOST RECENT EDUCATIONAL QUALIFICATION OBTAINED

Most recent educational qualification / school level completed:

Year of completion:

Institution: School/Technikon/University:

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:

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 nd		3 rd		4 th	
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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: