



**KWAZULU-NATAL PROVINCE**  
HUMAN SETTLEMENTS  
REPUBLIC OF SOUTH AFRICA



# **KWAZULU - NATAL GOVERNMENT**

## **PROVINCIAL BURSARY APPLICATION FORM FOR 2027 ACADEMIC YEAR**

Name of Department to which application is addressed: \_\_\_\_\_

Name & Surname of the applicant: \_\_\_\_\_

Which District in KZN are you from? \_\_\_\_\_

Which institution have you been accepted to study in? \_\_\_\_\_

Name of the degree or diploma: \_\_\_\_\_

**PLEASE READ INSTRUCTIONS BEFORE COMPLETING THE FORM**

**Your fully completed Application Form must be submitted with the following documentation:**

- 1) Letter of motivation (including your home situation and why you believe you are deserving of a bursary).**
- 2) An originally certified copy of an official statement of results or Matric certificate.**
- 3) If you are already studying, submit an originally certified copy of your official study record showing marks, symbols, percentages obtained in all examinations written.**
- 4) If you are already studying, submit a current fee statement clearly indicating your arrears fees and tuition for the current year.**
- 5) An originally certified copy of your identity document or card.**
- 6) Originally certified copies of identity document for your parent(s) or guardian(s).**
- 7) If your surname differs to your primary parent or guardian, then your parent or guardian must provide an affidavit explaining why this is so.**
- 8) In case of death of any one parent, please submit an originally certified copy of the death certificate.**
- 9) If you don't live with both parents, please provide an affidavit explaining the whereabouts of the other parent.**
- 10) Certified copy of acceptance letter or proof of registration.**
- 11) A letter from your Councilor confirming your physical residence.**
- 12) Proof of income of parent(s) or guardian(s) (it can be pay slip or letter from the Department of Labour or letter from SASSA or copy of certified SASSA card clearly indicating the cardholder; or an affidavit from parent/s stating that they are unemployed)**

**Note: If any of these documents are missing, your application will not be considered.**

**\*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 as per address supplied in the advertisement:

Department of Human Settlements  
Private Bag X54367  
Durban  
4000  
For attention : Mr T.W.Khalishwayo

## PERSONAL PARTICULARS

FIRST NAMES: \_\_\_\_\_

SURNAME: \_\_\_\_\_

IDENTITY NUMBER: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

POSTAL ADDRESS: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: (\_\_\_\_) \_\_\_\_\_

DISTRICT: \_\_\_\_\_

CELL PHONE  
NUMBER: \_\_\_\_\_

LOCAL MUNICIPALITY: \_\_\_\_\_

ALTERNATE NUMBER: \_\_\_\_\_

WARD NUMBER: \_\_\_\_\_

FAX  
NUMBER: \_\_\_\_\_

COUNCILLOR: \_\_\_\_\_

NATIONALITY: \_\_\_\_\_

MARITAL STATUS:  
**Single/Married/Divorced/Widowed**

GENDER: **Male/female**

DISABILITY: **YES/NO** \_\_\_\_\_

RACE: **Black/Coloured/Indian/ White**

Are you currently employed? **YES/NO** If yes, please elaborate \_\_\_\_\_

Have you ever been convicted of a criminal offence, dismissed from employment or requested to resign? **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? \_\_\_\_\_

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 acceptance from the tertiary institution at which you intend studying

**Received or Not Received:** \_\_\_\_\_

## QUALIFICATIONS

Highest standard passed:

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

Name of school attended:

\_\_\_\_\_

Town/city:

\_\_\_\_\_

|                                                                                                                  |                                                                                                                                                        |
|------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|
| <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>                                                                        |                                                                                                                                                        |
| <b>UNIVERSITY AND/OR OTHER POST SCHOOL TRAINING/STUDIES</b>                                                      |                                                                                                                                                        |
| List the subjects passed thus far:<br><hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>                | Address of institution/college:<br><hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>                                                         |
| Current year of study:<br><hr/>                                                                                  | Name of degree/diploma:<br><hr/> <hr/> <hr/>                                                                                                           |
| What is the remaining duration of your current studies as prescribed by the tertiary institution?<br><hr/> <hr/> | List the subjects that still need to be completed to obtain the relevant qualification:<br><hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> |
| Please indicate the year you started studying for the current course of studies:<br><hr/>                        | Have you ever failed any year of study? <b>YES/NO</b><br>Which year? <hr/>                                                                             |

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

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Student number at current institution:

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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 Provincial Administration 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.

**PRIVACY NOTICE**

I declare that all the personal information furnished by me on this form is true and correct, and I undertake to inform the Kwa-Zulu Natal Department of Human Settlements (KZN DHS) of any changes in my personal information.

I undertake to comply with all the rules, regulations, and decisions of KZN DHS and any amendments thereto and I have taken note of advice which may be applicable to beneficiaries in general.

I, as a beneficiary at KZN DHS, hereby consent that KZN DHS may collect, use, distribute, process my personal information for its business purposes, which may include, but is not limited to internal administrative processes pertaining to services offered to me by the KZN DHS.

I also consent that KZN DHS may share my personal information with the external auditors, relevant government institutions, relevant governance structures and legal entities which may lawfully require such information for legal obligations and/or investigations.

I understand that in terms of the POPIA and other laws of the country, there are instances where my express consent is not necessary to permit the processing of personal information, which may be related to investigations, litigation, compliance with legislative requirements or when personal information is publicly available.

I will not hold KZN DHS responsible for any improper or unauthorised use of personal information that is beyond its reasonable control.

I confirm that I have read the notice and understand the contents.

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

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PARENT/LEGAL GUARDIAN

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PARENT/LEGAL GUARDIAN

\_\_\_\_\_  
DATE

\_\_\_\_\_  
WITNESS 1

\_\_\_\_\_  
DATE

\_\_\_\_\_  
WITNESS 2

\_\_\_\_\_  
DATE

**FOR OFFICE USE ONLY**

**RECOMMENDATION BY:** \_\_\_\_\_

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

**NAME** \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_

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

**FOR OFFICE USE ONLY**

**RECOMMENDATION BY HRD/ BURSARY COMMITTEE**

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

**NAME OF CHAIRPERSON** \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_

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

**FOR OFFICE USE ONLY**

**APPROVED/NOT APPROVED**

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

**DIRECTOR-GENERAL** \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_

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