APPLICATION FOR MUNICIPAL BURSARY

The completed form together with all supporting documentation must be submitted to the Executive Director: Corporate Services, Skills Development and Employment Equity Sub-directorate, Starport Building (15th Floor), Govan Mbeki Avenue, Gqeberha.

N.B. PLEASE COMPLETE ALL SECTIONS

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| TO BE ADDRESSED TO:  Executive Director: Corporate Services  Skills Development and Employment Equity sub-directorate  Nelson Mandela Bay Municipality | | | | | | | | | FIELD OF STUDY | | | | | | | | | | | | | | | | DELIVER TO:  15th Floor  Starport Building  Govan Mbeki Avenue  Gqeberha | | | | | |
| TITLE  (Mr / Mrs / Ms/ Miss) | | SURNAME | | | | | | | | | | | INITIALS | | | | | | FIRST NAMES | | | | | | | | | | | |
| ID NUMBER | |  | | | |  | |  | |  |  | | |  | | |  |  | | |  |  | | | |  | |  | |  |
| MARITAL STATUS | | SINGLE | | | | | | MARRIED | | | SEPERATED | | | | | | DIVORCED | | | | WIDOWED | | | | | NUMBER OF CHILDREN | | | |  |
| HOME ADDRESS | | | | | | | | | POSTAL ADDRESS (if different from Home Address) | | | | | | | | | | | | | CONTACT NUMBERS | | | | | | | | |
| HOME | | | |  | | | | |
| WORK | | | |  | | | | |
| CELL | | | |  | | | | |
| HIGH SCHOOL EDUCATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LAST SCHOOL ATTENDED | NAME | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| PLACE (City/Town) | | | | | |  | | | | | | | | | | | LAST EXAMINATION WRITTEN (Date) | | | | | | | |  | | | | |
| SUBJECTS | | | | | | | | | | | | | | | | | | | | | | | | | GRADE | | | FINAL EXAMINATION SYMBOLS | | |
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| OTHER EDUCATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| UNIVERSITY / COLLEGE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| QUALIFICATION OBTAINED | | | DURATION OF COURSE | | | | | | | | MAJOR SUBJECTS (where applicable)  (ATTACH PHOTOCOPY OF THE UNIVERSITY REPORT ON ALL RESULTS) | | | | | | | | | | | | | | | | | FULL-TIME / PART -TIME | | |
| FROM | | | | | | TO | |
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| ARE YOU STUDYING AT PRESENT? | | | | | | | | | | YES | | NO | | | |  | | | | | | | | | | | | | | |
| UNIVERSITY / COLLEGE | | | | | | | | | QUALIFICATION | | | | | | | | | | | | DURATION OF COURSE | | | | | | | | FULL –TIME / PART - TIME | |
| FROM | | | TO | | | | |
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| WORK EXPERIENCE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PRESENT EMPLOYER | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NATURE OF WORK | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PROPOSED FIELD OF STUDY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME OF QUALIFICATION | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| NUMBER OF YEARS | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| UNIVERSITY / COLLEGE OF STUDY | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| INTENDED MAJORS | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| STUDY COMMITMENT (Bursaries, etc.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DO YOU HAVE ANY STUDY COMMITMENTS OF PREVIOUS OR PRESENT STUDIES? IF SO, GIVE PARTICULARS. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME OF ORGANISATION | | | | | | | | | | | | AMOUNT | | | | | | | | SERVICE COMMITMENT | | | | | | | | | | |
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| PARTICULARS OF PARENTS / GUARDIAN | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FULL NAME AND SURNAME: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| HOME ADDRESS | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| TELEPHONE | | | | | HOME | | |  | | | | | | | WORK | |  | | | | | | CELL | | |  | | | | |
| OCCUPATION | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME AND ADDRESS OF PARENT/GUARDIAN’S EMPLOYER : | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *If successful in this application, I undertake, before taking up the bursary, to enter into a written agreement with the Council, together with such sureties as the Council may deem necessary, in which I undertake to enter the service of the Council on completion of my course of studies, and to serve the Council for a period of twelve months in respect of every academic year for which the bursary is paid.*  SIGNED AT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ON THE \_\_\_\_\_\_\_\_\_\_\_\_\_ DAY OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2023.  ……………………………………………………………….  APPLICANT’S SIGNATURE  ASSISTED INSOFAR AS MAY BE NECESSARY BY NATURAL PARENT / GUARDIAN  ……………………………………………………………….PARENT / GUARDIAN | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| REQUIRED SUPPORTING DOCUMENTS: | | | | | | | | | | | | | | | | | | | | | | | | | | | TICK IF ATTACHED | | | |
| Certified Grade 12 Certificate | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
| Certified Statement of Results | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
| Acceptance Letter for Qualification from University | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
| Certified Identity Document of Applicant | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
| Certified Identity Document of Parents/Guardian, if applicant is a minor. | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
| Motivation Letter of not less than 500 words and not more than 1000 words. | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
| Course outline for duration of qualification | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
| Course timetable for duration of qualification | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
| Quotation from Institution for qualification applying for | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
| * ALL CERTIFIED DOCUMENTS TO NOT BE OLDER THAN SIX (6) MONTHS ON THE DATE OF SUBMISSION. * ALL APPLICATIONS MUST BE SUBMITTED BEFORE OR BY 14H00, ON THE CLOSING DATE OF 23rd JANUARY 2024. * LATE APPLICATION FORMS WILL NOT BE ACCEPTED OR CONSIDERED. * APPLICATION FORMS SUBMITTED ANYWHERE ELSE BUT 15TH FLOOR, STARPORT BUILDING, GOVAN MBEKI AVENUE, WILL NOT BE ACCEPTED OR CONSIDERED. * APPLICATION FORMS NOT ACCOMPANIED BY THE REQUIRED SUPPORTING DOCUMENTS STATED ABOVE WILL NOT BE ACCEPTED OR CONSIDERED. * PROOF OF RESIDENCE(AFFIDAVIT FROM WARD COUNSELLOR /ACCOUNT STATEMENT ) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |