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 ServicesSkills Development and Employment Equity sub-directorateNelson Mandela Bay Municipality | FIELD OF STUDY | DELIVER TO:15th FloorStarport BuildingGovan Mbeki AvenueGqeberha |
| 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 |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| ARE YOU STUDYING AT PRESENT? | YES | NO |  |
| UNIVERSITY / COLLEGE | QUALIFICATION | DURATION OF COURSE | FULL –TIME / PART - TIME |
| FROM | TO |
|  |  |  |  |
|  |  |  |  |
|    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 |
|  |  |  |
|  |  |  |
|  |  |  |
| 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 SIGNATUREASSISTED 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 )
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