

PROVINCIAL GOVERNMENT OF THE WESTERN CAPE
 WES-KAAPSE PROVINSIALE REGERING
 URHULUMENTE WEPHONDO LENTSHONA KOLONI



Departement van Vervoer en Openbare Werke
 Department of Transport and Public Works
 Isebe leZothutho Nemisebenzi Yakwarhulumente

APPLICATION FOR STUDY BURSARY- 2009
 (Xhosa & Afrikaans forms available on request)

VERY IMPORTANT

(i) Incomplete applications will be rejected; (ii) Please PRINT; (iii) Mark appropriate boxes with an "X";
 (iv) Attach full course curriculum
 (v) Attach full academic record; (vi) Attach certified copy of ID; (vii) Attach written estimation of
 study costs as supplied by the HEI; ; (viii) Attach salary slips or affidavit to support financial status of
 parent/guardian.

Closing date: 31 October 2008

A. STUDENT INFORMATION:

1. Surname	Mr	Ms	Other	
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2. First names

3. Identity no. _____	4. Date of birth <u>DD/MM/YYYY</u>
5. Gender: <u>Male</u> <u>Female</u>	
6. a) Language E A X OTHER	b) *Race = African Coloured White Indian other (for recording purposes only)
c) Disabled Y N	d) Nature of disability _____

7. Study Address (Residential address during study period) _____ _____ _____ Code _____	8. Permanent residential Address (Student) _____ _____ _____ _____ Code _____
	9. Cell No. _____ E-mail address _____

B. PARENT/GUARDIAN INFORMATION

1. Surname	Mr	Mrs	Other	
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2. First Names

3. Postal address _____ _____	4. Home Address _____ _____
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Code _____	Code _____
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5.) Municipal area where parent/guardian is resident _____

6. Tel. No (Home) (_____) _____
Cell No. _____
E-mail address _____

7. Employment status: <u>Employed</u>	<u>Unemployed</u>	<u>Self-Employed</u>
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8. Financial status of parent/s or legal guardian – Salary per annum (Mark with “x”)					
Below R50 000 p.a.		R50 001-R100 000 p.a.		Above R100 000 p.a.	

NB: PLEASE SUPPLY SALARY SLIPS TO CONFIRM THE INFORMATION SUPPLIED ABOVE

9. No. of dependents in household: _____
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C. REGISTRATION AT HEI

1. If 2009 is to be your first year of studies, please indicate whether you have already applied to be registered at your institution of choice Yes / No
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2. IF YOU ARE REGISTERED AT A TERTIARY INSTITUTION, PLEASE COMPLETE THE FOLLOWING:
a) Name of institution _____ Amount _____
b) What will your total costs be for 2009 ?
i) Estimated accommodation /transport cost per year R_____
ii) Estimated academic cost per year R_____
iii) TOTAL R_____
c) Who is currently funding your studies? _____

3. If currently busy with studies, declare the following		Please encircle the relevant academic year	
(i) Which year of study at present	<table border="1" style="margin: auto;"> <tr> <td style="padding: 5px;">First / Second / Third / Fourth</td> </tr> </table>	First / Second / Third / Fourth	
First / Second / Third / Fourth			

(ii) Student number	<table border="1" style="margin: auto;"> <tr> <td style="width: 100px; height: 20px;"></td> </tr> </table>	

(iii) Have you failed any courses/modules? Give course code & year when failed.

(iv) What courses are you currently repeating?

4. High School at which you matriculated

Name of School: _____

Address: _____

Tel. no.: _____

5. UNIVERSITY AND OTHER TERTIARY TRAINING

(i) Degrees / diplomas already obtained: _____

(ii) Name of Degree / diploma for which a bursary is required,
eg. BSc: Engineering / National Diploma: Civil Engineering: _____

6. Year of Applying for a Bursary:

200_____

7. If there are any extenuating circumstances which could strengthen your application please indicate in the space below or attach as an appendix to your application.

DECLARATION

I DECLARE THAT THE ABOVE INFORMATION IS TRUE AND CORRECT AND ACCEPT THAT IF IT IS TO BE FOUND THAT I PROVIDED INCORRECT INFORMATION, MY APPLICATION WILL BE CANCELLED IMMEDIATELY AND THE RELEVANT INSTITUTION INFORMED ACCORDINGLY.

SHOULD I BE AWARDED A BURSARY, I UNDERTAKE TO INFORM THE DEPARTMENT IMMEDIATELY OF ANY CHANGE TO THE INFORMATION THAT I HAVE PROVIDED. I ALSO UNDERSTAND THAT THE CONTINUATION OF THE BURSARY IS SUBJECT TO SUCCESSFULLY COMPLETING ALL MODULES/COURSES IN THE MINIMUM TIME PROVIDED BY THE PROGRAMME TO WHICH I AM ADMITTED.

SIGNATURE OF APPLICANT

DATE

Application form can be send to the following address:
Private Bag X9185
Cape Town
8000
For enquiries contact: 021 483 5851/ fax 021 483 7234
masakhisizwe@pgwc.gov.za