

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

TO BE ADDRESSED TO: Executive Director: Corporate Services Skills Development and Employment Equity sub-directorate Nelson Mandela Bay Municipality		FIELD OF STUDY				DELIVER TO: 15 th 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					LAST EXAMINATION WRITTEN (Date)			
	PLACE (City/Town)								
SUBJECTS						GRADE	FINAL EXAMINATION SYMBOLS		
OTHER EDUCATION									
UNIVERSITY / COLLEGE									
QUALIFICATION OBTAINED	DURATION OF COURSE		MAJOR SUBJECTS (where applicable)				FULL-TIME / PART -TIME		
	FROM	TO	<small>(ATTACH PHOTOCOPY OF THE UNIVERSITY REPORT ON ALL RESULTS)</small>						
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 :							
<i>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.</i>							
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							
<ul style="list-style-type: none"> • 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) 							

