NORTH WEST PROVINCE
REPUBLIC OF SOUTH AFRICA
BURSARY APLICATION FORM FOR TERTIARY EDUCATION:

Read the instructions & application form carefully

INSTRUCTIONS

On the 17th July 2015, Premier Supra Mahumapelo launched the Kgetsi-Ya-Tsie Bursary and Skills Development Fund at Khudutlou Village in the Greater Taung Local Municipality. The Office of the Premier accordingly invites all learners and students (unemployed youth: 35 years and less) who are South Africans and are residents of the North West Province, who desire to study or are studying on full-time basis at tertiary institutions to apply for bursaries available in the 2017 academic year. Bursaries will be awarded to learners who are financially needy and academically performing well. These bursaries target Grade 12 learners; those who have already passed Grade 12 in previous years; and students who are already at tertiary institutions. People with Disabilities are encouraged to apply. The closing date for the submission of the completed bursary application forms is 31 October 2016.

NB: Application forms are available from Novell GroupWise and at the following Offices / Distribution Centres:

- Office of the Premier: Bursary, Learnership & Internship Programmes Unit, (Ga-Rona Building) Ground Floor, West wing)
- Labour Centres; District & Local Municipalities & Traditional Authority Offices.
- Office of the Premier Regional Communication Offices:
  - Brits - 45 Harrington Street;
  - Bojanala - Opposite NW FM, Mape Business Park;
  - Dr. Ruth Segomotsi Mompati - Mini-Garona Building, Entrance B, Vryburg
  - Dr. Kenneth Kaunda - 309 West End Centre, Leask Street, Klerksdorp

- Only residents of the North West Province should apply.
- Complete in BLOCK LETTERS.
- Use black pen only.

NB. The completed Bursary Application Form, together with certified copies of all the required documents should be submitted directly to Office of the Premier, Ga-Rona Building – Bursaries (Ground Floor) or at the Offices / Distribution centres mentioned above.

NB. Applicants are requested to attach the following documents to the application form:

1. Fully completed Bursary Application form (SECTIONS: A – F) with the Police / Commissioner of Oath’s stamp;
2. Proof of residence document: A letter from the Traditional Authority Office or from the Municipality Offices; (Not statement of account, e.g. water, etc);
3. Certified copies of:
   - ID Document (student);
   - Statement of results in respect of current Matriculants;
   - Matric Certificate is compulsory for all applicants;
   - End of year results /last academic results (Students already at Tertiary Institutions);
   - University Acceptance letter.

NB. In case the end of year Results (Matric & Tertiary) are not yet received, please submit the Bursary application form with other supporting documents before the closing date and submit the results not later than the 10th January 2017.

8. Copy of both parents pay slips OR Parent/s Affidavit in case of unemployed parent/s/guardian (made by the parent / guardian and not by the applicant) or pensioners’ pay slips in case of students without parents.
9. In case of deceased parent/s, submit copy of Death certificate/s;
10. NB. For People with Disability, attach Medical Certificate/s.

NB: - Bursary Application Form MUST be fully completed and requested documents MUST be attached.
- Incomplete Application Form; Application Form received after the closing date and Application Form with Programmes not listed on the advertisement will not be considered / will be disregarded.
- During bursary selection process, Application Form without required documents will not be considered.
- If applicants do not hear from this Office after four (4) months from the closing date, they should accept that their Applications were unsuccessful.

For more information please contact the following numbers: 018 3881212 / 018 3881308 / 018 3881259 / 018 3881207 / 018 3881304.
SECTION A

All sections are compulsory – complete all fields.

1. APPLICANT'S DETAILS

Surname:____________________ First names:____________________

Date of birth:______________ Gender:________ ID NO:_________ Marital Status:________

Permanent Residential Address:____________________ Postal Code:________

Postal Address:____________________ Postal Code:________

Telephone Number: Cell 1:______________ Cell 2:______________ E-mail:____________________

DISTRICT MUNICIPALITY: (Tick block) [Ngaka M. Molema] [Bojanala] [Dr. R.S. Mompati] [Dr. K. Kaunda]

LOCAL MUNICIPALITY:____________________ WARD NO:________

DISABILITY [YES] [NO] if yes, describe the nature of disability and attach Medical Certificate(s)

RACE: (Tick block) [African] [Coloured] [Indian] [White]

SECTION B

2. PARENT'S/GUARDIAN'S DETAILS

Surname:____________________ Names:____________________

Residential Address:____________________ Postal Code:________

Postal Address:____________________ Postal Code:________

Telephone Number: (H)______________ Cell:______________ Other:____________________

SECTION C

3. ACADEMIC DETAILS

Matriculation or Equivalent Certificate obtained:

Highest Standard Passed:____________________ Year obtained:____________________

Name of School:____________________

Location of School: (Tick block) [Town] [Township] [Village]

School Background: (Compulsory for Matric students only)

Physical Address of the School:____________________

Type of School: (Tick block) [Private] [Public]

No classrooms at your school:__________ No of Teachers at your school:__________ No of pupils in a class:__________

Facilities & Equipments available at your school: (Tick block)

Library: [Yes] [No]

Laboratory: [Yes] [No]

Textbooks: [Yes] [No]

Does your school have a career guidance or life skill Educator? [Yes] [No]
4. INTENDED STUDY FOR THE NEW ACADEMIC YEAR:

Name of Degree/ Diploma: (As advertised)  
Name of Tertiary Institution / University applied to:  
Level/Year of Study for next year: (Tick block)  
1st Year  2nd Year  3rd Year  4th Year  5th Year  6th Year  
Length / Duration of Course / Programme (Years):  

SECTION D

5. APPLICANT'S HOME BACKGROUND

Home location: (Tick block): Village Township Small Dorpie Town Farm

Number of rooms: (Tick block)  
1  2  3  4  5  6  7  7 Above  

Self – owned: (Tick block)  
Rented:  

Is your home electrified: (Tick block)  
Yes  No  

Are both parents working: (Tick block)  
Yes  No  

If no, specify:  

Relationship with the house owner: (Tick block)  
Parent  Guardian  

If guardian, specify (e.g. aunt, uncle, etc.):  
Full Names:  

6. FAMILY FINANCIAL BACKGROUND

Mark your father’s/ mother’s / guardian monthly income group: (Tick block)  

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<thead>
<tr>
<th></th>
<th>&lt;2500</th>
<th>2501 - 5000</th>
<th>&gt;5000+</th>
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<tbody>
<tr>
<td>Father</td>
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<tr>
<td>Mother</td>
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<tr>
<td>Guardian</td>
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</tbody>
</table>

ATTACH PROOF OF INCOME DOCUMENTS: SALARY PAYSLIP/S; SWORN DECLARATION / AFFIDAVIT- made by the parent/s and not by the applicant (for unemployed parents / Guardian) OR PENSION PAYSLIP in case of pensioners left with the APPLICANT. (NB. in case of Deceased parent/s – attach copy of Death Certificate/s).  

How many dependants are still at home?  
No. of dependants at tertiary institution:  
No. of dependants still at school:  
Have you received study loan / bursary / scholarship before?: (Tick block)  
Yes  No  
If yes, name of the study loan / bursary/ scholarship:  
Year:  

NB. BURSARY APPLICATION DOES NOT GUARANTEE THAT THE APPLICANT WILL AUTOMATICALLY BE AWARDED BURSARY.  
By signing this application form, I accept and understand that this application does not guarantee that I will receive a bursary. If I am not successful, I will be responsible for all required fees at the university/college. I understand that any false information provided as part of my application can disqualify me from receiving a bursary and will result in the immediate withdrawal of a bursary. If my application is approved, the bursary agreement must be signed within 30 days or the Department reserves the right to withdraw the approved bursary. I will then be liable for all fees at the university/college.
7. EXTRA-MURAL ACTIVITIES

Do you participate in any extra mural activity? (E.g. Sport, choir, Youth club)  Yes  No

If yes, specify activity and name of the club / organisation: ___________________________________________________________

Provide the name, address and telephone number of a person who can confirm the above question:

Name: ___________________________________________ Address: ___________________________________________

Telephone Numbers: ___________________________________________________________

SECTION E

1. Why did you choose this field of study? ________________________________________________________________

2. How do you plan to use your skills & knowledge after graduating?

________________________________________________________________________________________

3. If you become the first person in the area where you live or any area (within the North West Province) to qualify in the field of study you have chosen what are the first two changes that you could make in your community?
A: ___________________________________________  B. ___________________________________________

4. Give reasons why you would make such changes as mentioned in A & B above?

________________________________________________________________________________________

________________________________________________________________________________________

SECTION F

8. DECLARATION — TO BE SIGNED BY AN APPLICANT AND PARENT / GUARDIAN IN THE PRESENCE OF A COMMISSIONER OF OATHS.

I declare that the information stated above is to the best of my knowledge, true and correct and I understand the conditions governing the grant of the bursary and enter into the requirement agreement with the DEPARTMENT (Office of the Premier) that any false information will automatically disqualify me from obtaining a bursary.

SURNAMES & NAMES OF AN APPLICANT: (in full) ___________________________________________________________

SIGNATURE OF APPLICANT __________________________________________________________

Date: __________________________

I certify that the deponent has acknowledged that he / she knows and understands the contents of this declaration which was sworn before me at ___________________________ on the __________ day of __________________________ (Month) __________ (Year)

COMMISSIONER OF OATHS / POLICE OFFICER ___________________________________________________________

SIGNATURE OF PARENT / GUARDIAN __________________________________________________________

(If the applicant is a minor - below 18 yrs)

Date: __________________________

COMMISSIONER OF OATHS / POLICE STATION

OFFICIAL STAMP __________________________________________________________

(Very important)

NB. BURSARY APPLICATION DOES NOT GUARANTEE THAT THE APPLICANT WILL BE AWARDED BURSARY.
INVITATION FOR FULL-TIME BURSARY APPLICATIONS: 2017 Academic year

On the 18th July 2015 the Premier launched Kgeta-Tse Bursary and Skills Development Fund at Khudutrou Village in the Greater Taung Local Municipality. The Office of the Premier accordingly invites all learners and students **(unemployed youth: 35 years and less)** who are South Africans and are residents of the North West Province, who desire to study or are studying on full-time basis at tertiary institutions to apply for bursaries available in the 2017 academic year. Bursaries will be awarded to learners who are financially needy and academically performing well. These bursaries target Grade 12 learners; those who have already passed Grade 12 in previous years; and students who are already at tertiary institutions. **People with Disabilities are encouraged to apply.** *(The closing date for the submission of the completed bursary application forms is 31 October 2016.)*

<table>
<thead>
<tr>
<th>PROGRAMMES: National Diploma / Bachelor’s Degree</th>
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</thead>
<tbody>
<tr>
<td>1. OFFICE OF THE PREMIER</td>
</tr>
<tr>
<td>• Knowledge Management</td>
</tr>
<tr>
<td>• Management/ Production Services (Work Study)</td>
</tr>
<tr>
<td>• Monitoring and Evaluation</td>
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<tr>
<td>2. DEPARTMENT OF HEALTH</td>
</tr>
<tr>
<td>• B Sc Audiology</td>
</tr>
<tr>
<td>• Clinical Psychology</td>
</tr>
<tr>
<td>• Diploma in Dental Assistant</td>
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<tr>
<td>• Dental Technologist</td>
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<tr>
<td>• Bachelor of Dental Therapy</td>
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<tr>
<td>• Dentistry</td>
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<tr>
<td>• B Sc in Dietetics</td>
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<tr>
<td>• MBCHB</td>
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<tr>
<td>• Medical Orthotics</td>
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<tr>
<td>• B Sc Occupational Therapy</td>
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<tr>
<td>• Health Technology</td>
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<tr>
<td>• Optical Dispensing</td>
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<tr>
<td>• Bachelor of Optometry</td>
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<tr>
<td>• Bachelor of Pharmacy</td>
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<tr>
<td>• Pharmacy Technician</td>
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<tr>
<td>• B Sc in Physiotherapy</td>
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<tr>
<td>• Bachelor of Radiography</td>
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<tr>
<td>• Health Promotion</td>
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<tr>
<td>• B Sc Speech Therapy</td>
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<tr>
<td>3. DEPARTMENT OF CULTURE, ARTS &amp; TRADITIONAL AFFAIRS</td>
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<tr>
<td>• National Diploma: Sign language</td>
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<tr>
<td>• Bachelor's Degree in Translation Studies (Setswana &amp; English; Setsotho &amp; English; English &amp; Afrikaans;</td>
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<tr>
<td>6. DEPARTMENT OF PUBLIC WORKS &amp; ROADS</td>
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<tr>
<td>• Town Planning</td>
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<tr>
<td>• Horticulture/ Landscaping</td>
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<tr>
<td>• Real Estate</td>
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<td>• Property Law</td>
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<td>• Property Valuation</td>
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<td>• Civil Engineering</td>
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<td>• Structural Engineering</td>
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<tr>
<td>• Architectural Services</td>
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<tr>
<td>• Quantity Survey</td>
</tr>
<tr>
<td>• Mechanical Engineering</td>
</tr>
<tr>
<td>• Electrical Engineering</td>
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<tr>
<td>7. DEPARTMENT OF RURAL, ENVIRONMENT &amp; AGRICULTURAL DEVELOPMENT</td>
</tr>
<tr>
<td>• B Sc In Plant Pathology</td>
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<tr>
<td>• LLB in Law</td>
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<tr>
<td>• B Veterinary Science</td>
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<tr>
<td>• BSC Genetics</td>
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<tr>
<td>• B Sc Bio-Resource Engineering</td>
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<tr>
<td>• B Com Logistics</td>
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<tr>
<td>• B Com Financial Management / Audit</td>
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<tr>
<td>8. DEPARTMENT OF EDUCATION &amp; SPORTS DEVELOPMENT</td>
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<tr>
<td>• Bachelor of Science (Maths and Physical Science)</td>
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<tr>
<td>• Bachelor of Education (Geography and Maths)</td>
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<td>• B. Ed (Engineering and Graphic Design)</td>
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<tr>
<td>• B. Ed (Maths and Life Sciences)</td>
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<tr>
<td>• B. Ed (Accounting and Maths)</td>
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<tr>
<td>• Mechanical Engineering</td>
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<tr>
<td>• Civil Engineering</td>
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<tr>
<td>Bachelor of Library and Information Science</td>
</tr>
<tr>
<td>Bachelor's Degree in History/Art History/Archeology/Museums and Heritage Studies</td>
</tr>
<tr>
<td>Degree / Diploma in Archival Studies / Records Management</td>
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</tbody>
</table>

### COMMUNITY SAFETY & TRANSPORT MANAGEMENT

- Bachelor of Commerce in Transport Economics
- Financial Accounting and Logistics
- Aviation

### DEPARTMENT OF ECONOMY & ENTERPRISES DEVELOPMENT

- B Com Supply Chain
- B Com Risk Management
- B Com Econometrics
- B Com Development Planning

### DEPARTMENT OF FINANCE

- B Com Information Management Systems
- B Com / Diploma - Municipal Finance / Accounting
- B Com Forensic Auditing
- B Com in Accounting / Financial Management

### DEPARTMENT OF LOCAL GOVERNMENT & HUMAN SETTLEMENT

- Civil Engineering
- Project Management
- Town Planners
- Building Inspectors
- Quantity Survey
- Organisational Development
- Policy Development
- Researchers

### BURSARIES OFFICES

- BSc / ND in Architecture;
- BSc / ND in Civil Engineering;
- BSc / ND in Quantity Surveying;
- BSc Construction Economics;
- BSc Construction Studies
- BSc Construction Management;
- BA of Building Arts;
- BSc in Geomatic Engineering;
- BSc Urban & Regional Planning;
- BSc Property Development
- ND Building;
- ND Land Surveying;
- ND Real Estate

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- Use black pen only.

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BURSARY APPLICATION FORM

PLEASE SELECT THE PROVINCE WHERE YOU RESIDE

**GAUTENG** □ **NORTH WEST** □ **LIMPOPO** □
**WESTERN CAPE** □ **NORTHERN CAPE** □ **EASTERN CAPE** □
**KWAZULU NATAL** □ **FREE STATE** □ **MPUMALANGA** □

**PERSONAL INFORMATION**

<table>
<thead>
<tr>
<th>TITLE (Mr., Mrs., Ms.)</th>
<th>INITIALS</th>
<th>SURNAME</th>
</tr>
</thead>
</table>

**FIRST NAMES IN FULL (as per ID)**

<table>
<thead>
<tr>
<th>RSA (Identity Document number)</th>
<th>DATE OF BIRTH (YYYY/MM/DD)</th>
</tr>
</thead>
</table>

**RACE**

- □ AFRICAN
- □ COLOURED
- □ INDIAN
- □ WHITE

**GENDER**

- □ FEMALE
- □ MALE

**DO YOU HAVE A DISABILITY**

- □ YES
- □ NO

**IF YES SPECIFY DISABILITY AND ATTACH PROOF**

**POSTAL ADDRESS**

- [Line 1]
- [Line 2]
- CODE: [ ]

**PHYSICAL ADDRESS**

- [Line 1]
- [Line 2]
- CODE: [ ]

**MUNICIPALITY**

- [Line 1]
- [Line 2]

**HOME TEL. NO.**

- [Line 1]
- [Line 2]

**CELL PHONE NO.**

- [Line 1]
- [Line 2]

**E-MAIL ADDRESS**

**ALTERNATIVE CONTACT PERSON**

- [Line 1]
- [Line 2]

**CELL PHONE NO.**

- [Line 1]
- [Line 2]

**E-MAIL ADDRESS**

- [Line 1]
- [Line 2]

**NAME OF EMPLOYER**

- [Line 1]
- [Line 2]

**NAME OF ENTITY CONTRACTED TO THE CETA**

**EDUCATIONAL QUALIFICATIONS**

**NAME OF UNIVERSITY/UNIVERSITY OF TECHNOLOGY**

- [Line 1]
- [Line 2]

**FIRST ENROLLMENT DATE AT ABOVE UNIVERSITY**

- [Line 1]
- [Line 2]

**QUALIFICATION ENROLLED FOR**

- [Line 1]
- [Line 2]

**YEAR OF STUDY**

- [Line 1]
- [Line 2]
## PROJECT FUNDING DETAILS

<table>
<thead>
<tr>
<th>IS THIS A CETA FUNDED PROJECT?</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>IF YES, YEAR OF ALLOCATION</td>
<td>2011/12</td>
<td>2012/13</td>
</tr>
</tbody>
</table>

## RULES FOR COMPLETING THE FORM

- Application forms that are incomplete will be disqualified
- Invalid or incorrect contact details automatically disqualify the applicant
- Applicants must be South African Citizens

The following certified documents **MUST** be attached to this application or the applicant will be disqualified:

<table>
<thead>
<tr>
<th>Item</th>
<th>Checklist</th>
</tr>
</thead>
<tbody>
<tr>
<td>ID size or passport photo printed on photo paper (to be appended to right hand corner of application form)</td>
<td>☐</td>
</tr>
<tr>
<td>Original certified copy of Green RSA Identity Document</td>
<td>☐</td>
</tr>
<tr>
<td>Original certified proof of registration and copy of statement of results/credits</td>
<td>☐</td>
</tr>
<tr>
<td>Original of certified proof of acceptance by higher education institution</td>
<td>☐</td>
</tr>
<tr>
<td>Original proof of residence or certified copy</td>
<td>☐</td>
</tr>
<tr>
<td>Proof of banking details (Bank statement or stamped letter from the bank only)</td>
<td>☐</td>
</tr>
<tr>
<td>Proof of residential address (original municipal account, bank statement, account statement or original letter from Tribal Authority or Councillor)</td>
<td>☐</td>
</tr>
<tr>
<td>Affidavit in support of proof of address (if address is not in the name of the learner)</td>
<td>☐</td>
</tr>
<tr>
<td>Student with a disability: attach an original medical certificate on a CETA template completed, signed and stamped by a medical practitioner registered with the HPCSA or a certified medical certificate (certification must not be older than 3-months).</td>
<td>☐</td>
</tr>
</tbody>
</table>

## DECLARATION

I declare that I am aware of the rules of this application and that I understand them. I declare that the information supplied in this application is true and correct. I understand that any false information will automatically disqualify me from being part of the CETA funded learning programme.

Print name and Surname:

Signature:

Date:

## FOR OFFICE USE

<table>
<thead>
<tr>
<th>CHECKED BY CETA PMU</th>
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</thead>
<tbody>
<tr>
<td>YES</td>
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<table>
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<tr>
<th>COMMENTS</th>
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<table>
<thead>
<tr>
<th>NAME</th>
<th>SIGNATURE</th>
<th>DATE</th>
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