



KWAZULU-NATAL PROVINCE

**ECONOMIC DEVELOPMENT, TOURISM
AND ENVIRONMENTAL AFFAIRS**
REPUBLIC OF SOUTH AFRICA

**EDTEA AERONAUTICAL ENGINEERING BURSARY
APPLICATION FOR 2024**

Full Name of the Applicant : _____

University you intend to register/ have registered with: _____

Name of the degree you intend to register/ registered for: _____

District Municipality : _____

Local Municipality : _____

Important instructions: Your fully completed Application Form must be accompanied by the following documentation:

- 1) An original certified copy of the applicant's Identity Document.**
- 2) For grade 12 learners, attach an originally certified copy of your grade 11 results and mid-year Grade 12. And provide your grade 12 results as soon as they are available or a Matric certificate (if available).**
- 3) A copy of an acceptance letter from the academic institution for the intended course of study (if available).**
- 4) Proof of residence must be included (e.g. Municipality account of parent/s or guardian/s, Municipality, Traditional Authority or Ward Councilor letter)**
- 5) Originally certified copy of ID for parent/s or guardian/s**
- 6) Letter of Guardianship**
- 7) Income and expenditure statement of parent/legal guardian. (Proof of income must be provided) or a letter from the Department of Labour or an affidavit from parent/s stating that they are unemployed.**
- 8) Letter of motivation (explain why you should be awarded the bursary)**
- 9) Any other additional information must be included for the correlation of the application (e.g. Death Certificate and Medical Proof)**

***Please turn over to complete the Form**

**Please print when completing this form.
Failure to complete this application form fully and correctly may prejudice the applicant's chances of obtaining a bursary.**

Submit the completed application form and the relevant attachments as per the address supplied in the advertisement.

SECTION A: PERSONAL PARTICULARS

FIRST NAMES: _____

SURNAME: _____

IDENTITY NUMBER: _____

DATE OF BIRTH: _____

POSTAL/ PHYSICAL ADDRESS: _____

EMAIL ADDRESS: _____

TELEPHONE NUMBER: (____) _____

DISTRICT: _____

CELL PHONE NUMBER: _____

LOCAL MUNICIPALITY: _____

ALTERNATE NUMBER: _____

WARD NUMBER: _____

FAX NUMBER: _____

COUNCILLOR: _____

NATIONALITY: _____

MARITAL STATUS: _____
Single/Married/Divorced/Widowed

GENDER: **Male/female**

DISABILITY: **YES/NO** _____
If YES, please Specify

RACE: **Black/Coloured/Indian/ White**

Are you currently employed? **YES/NO** If yes, please elaborate _____

<p>Have you ever been convicted of a criminal offence, dismissed from employment, or requested to resign? YES/NO If the answer is Yes please furnish full details on a separate sheet of paper.</p>	<p>Did you consult a vocational counselor regarding your choice of study? YES/NO</p>
--	--

Have you previously received a Public Service Bursary? **YES/NO**
 If yes – until which year? _____

Where did you hear about this bursary? _____

Are/were you in possession of another bursary/scholarship/financial aid? **YES/NO**
 If the answer is yes please indicate the name of the donor: _____

Obligations attached to bursary/scholarship/financial aid: _____

Have all the obligations been fulfilled? **YES/NO**

Name of the Degree or Diploma which you are applying for: _____

What will the major subjects be for the degree or diploma?

Number of years you intend to study for:

Name of the tertiary institution you intend to study with:

Provisional acceptance from the tertiary institution with which you intend to study with
Received or Not Received: _____

SECTION B: QUALIFICATIONS

<p>Highest standard passed: _____ Year completed _____</p>	<p>Name of school attended: _____ Town/city: _____</p>
---	---

UNIVERSITY AND/OR OTHER POST-SCHOOL TRAINING/STUDIES

List the subjects passed thus far:

Address of institution/college:

Current year of study:

Name of degree/diploma:

What is the remaining duration of your current studies as prescribed by the tertiary institution?

List the subjects that still need to be completed to obtain the relevant qualification:

Please indicate the year you started studying for the current course of studies:

Have you ever failed any year of study?
YES/NO

Which year? _____

Have you rewritten the examination/s for the subject/s failed? If yes, please indicate the date of the examination:

Student number at the current institution:

SECTION C: DETAILS OF PARENT/S OR GUARDIAN/S

Full name of parent/legal guardian (if applicable):

Contact details of parent/legal guardian:

Tel Number: _____ Cell phone number: _____

Address of parent/legal guardian:

Employer of parent/legal guardian: _____

Address of employer of parent/legal guardian:

REVIEW, SUSPENSION AND EXTENSION

The Department reserves the right, at any time and on any terms or conditions to:

- a) review the continuation of the bursary; or
- b) suspend the bursary; or
- c) having suspended the bursary, reinstate the bursary; or
- d) Extend the period of the bursary.

SECTION D: DECLARATION

I understand that this application for a bursary is not a loan and declare that the above particulars are complete and correct.

NAME OF THE APPLICANT :

SIGNATURE OF APPLICANT :

DATE :

1: NAME OF WITNESS :

SIGNATURE OF WITNESS :

DATE :

2: NAME OF WITNESS :

SIGNATURE OF WITNESS :

DATE :

**NAME OF PARENT/S OR
LEGAL GUARDIAN/S** :

**SIGNATURE OF PARENT/S OR
LEGAL GUARDIAN/** :

DATE :

FOR OFFICE USE ONLY

RECOMMENDATION BY BUSINESS UNIT OFFICIAL:

NAME _____

SIGNATURE _____

DATE: _____

RECOMMENDATION BY HUMAN RESOURCE DEVELOPMENT COMMITTEE

NAME OF CHAIRPERSON _____

SIGNATURE _____

DATE: _____

APPROVED / NOT APPROVED BY HEAD OF DEPARTMENT (HOD)

NAME OF HOD _____

SIGNATURE _____

DATE: _____