

The Msunduzi Municipality Private Bag 321

Private Bag 321 PIETERMARITZBURG 3201

Telephone: 033 3923 000 www.msunduzi.gov.za

APPLICATION FOR BURSARY

NOTES TO APPLICANT									
 Thank-you for your interest in applying for a bursary with us Complete the form in your own handwriting in ink Mark appropriate answers with an "x" where applicable For the purpose of the Employment Equity Act (1998) all statistic details should be completed Please attach certified copies of the following documents together with this application form and indicate which items you have included by placing an X in the space provided 									
ID Book/ Passport			Drivers license						
Academic transcripts	Academic transcripts			Letter of registration from institution					
Fees Schedule			Other						
Total number of Pages attached:									
BURSARY DETAILS									
Bursary Applied for:									
Date of Advert:									
Reference Number:									
PERSONAL DETAILS									
Name:									
Postal Address:									
,				Code:					
Residential Address:									
Telephone:	(h)			Code: (w)		(c)			
E-mail Address:	\ ``'								
Date of Birth: Citizenship:									
ID Number:	Passport Number:								
Sex: Race				Disabled:	Yes	No			
If yes, furnish particulars									
Drivers license: Yes	No	Period	:						
EDUCATION AND QUALIFICATIONS									
	Highest Gra	de:							
	Name of Sch	hool:							
School Education	Town/ City:								
School Education	1.				Davied Frame				
	Subjects 7: 2. 3. 4. 5.				Period From:				
	qng 4. 5.	4. 5.			Period To:				
	6.								

Tertiary Education (University/Technikon, College)	Qua Yea	ne of Institutionalification: or of Study: 1. 2. 3. 4. 5.	n:		Period From: Period To:					
If you are not currently enrolled at an educational institution, please indicate what you are doing at present;										
OTHER BURSARIES										
Do you have or have you	received a	study loan / b	ursary?	YES	NO [
If Yes, with whom?										
Period From:				Period To):					
MOTIVATION WHY YOU SHOULD BE CONSIDERED FOR A BURSARY										
			250142							
I declare that the above particulars are to the best of my knowledge true and correct and I understand and accept that should I be awarded a bursary, I will abide by the conditions of the Municipality's External Bursary Policy and other regulations applicable.										
Signat	ure of App	icant			Date:					
If still a minor, sig	nature of p	arent / guardia	an		Date:					