

IMPORTANT INFORMATION TO NOTE

1. Please ensure that you do apply for university admittance prior to the submission of a bursary application.
2. Only applicable to full-time studies.
3. Please PRINT and mark appropriate boxes with an "X".
4. Separate forms must be submitted for different universities or more than one study discipline at the same university.
5. If your application is submitted via a company as a Bursary Collaboration Venture (BCV) Partner Application, it means the Department has a bursary collaboration venture agreement with the company not with the relevant student or applicant.
6. If you have not been contacted by February 2020, please consider your application as unsuccessful.
7. Please note that upon graduation bursars employed by the Department of Transport and Public Works will be required to undergo a Professional Development Training Programme to acquire professional registration.
8. Incomplete applications would not be considered.
9. **Closing date: 30 September 2019**

SECTION A: MASAKH'ISIZWE (MiS) BURSARY APPLICATION CATEGORY

| New Application | Yes | No | Current MiS Bursar | Yes | No | Bursary Collaboration Venture (BCV) Partner Application | New | Current |
|---|-----|----|--------------------|-----|----|---|-----|---------|
| Is the application linked to an NGO? If so, please indicate the name of the NGO | | | | | | How did you hear about the MiS Bursary programme | | |

SECTION B: PERSONAL STUDENT INFORMATION (Please attach certified copy of your ID)

| | | | | | | | | | | | | | |
|-----|--|-----------|----------|--------|----------------------------|-------------------|--|------------------|-----|------|-------|---------------|------------|
| 1. | Surname | | | | | | | | | | | | |
| 2. | First Name(s) | | | | | | | | | | | | |
| 3. | Identity Number | | | | | | | | | | 4. | Date of Birth | DD/MM/YYYY |
| 5. | Race | African | Coloured | Indian | White | 6. | Title | Mr | Mrs | Miss | Ms | Other | Specify |
| 7. | Language | Afrikaans | English | Xhosa | Other | Specify | | | | | | | |
| 8. | Disabled | Yes | No | 9. | Nature of Disability | Specify | | | | | | | |
| 10. | Criminal Record | Yes | No | 11. | Status of Driver's License | Learner's License | | Driver's License | | | | | |
| | | | | | | No | Yes | Code: | No | Yes | Code: | | |
| 12. | Are you employed? | | | Yes | No | 13. | If yes, give reasons for leaving employment | | | | | | |
| 14. | Study Address <small>(Residential address during study)</small> | | | | | | Permanent residential Address <small>(Please attach proof of Address)</small> | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | Code | | | | | | Code | | | | | | |
| 15. | Postal Address | | | | | | 16. | Contact Details | | | | | |
| | | | | | | | Landline Number: | | | | | | |
| | | | | | | | Cellular Phone Number: | | | | | | |
| | Code | | | | | | Alternative Number: | | | | | | |
| 17. | E-mail Address | | | | | | | | | | | | |

SECTION C. DETAILS OF THE SECONDARY SCHOOL EDUCATION

(Please complete the following if you are still a learner at a secondary school or matric results are your latest results) (Please attach a certified copy of your Matric certificate and /or latest results)

| | | |
|----|---|--|
| 1. | High School at which you matriculated or are currently studying at? | |
| 2. | Name of School | |
| 3. | Address of the School (Physical and Postal) | |
| 4. | Telephone Number | |

SECTION D. REGISTRATION AT HIGHER EDUCATION INSTITUTION (HEI)

| | | | | | | | | | |
|-----|--|--|-------------------------------|------------------------------------|--|----------------------|---------|----------------------|-------|
| 1. | Please indicate whether you have already applied to be registered at an institution of your choice? | | | Yes | No | | | | |
| 2. | Name of institution you will study or registered at | Cape Peninsula University of Technology (CPUT) | University of Cape Town (UCT) | University of Stellenbosch (US) | | | | | |
| 3. | Student Number | | 4. | Diploma or degree already obtained | | | | | |
| 5. | Name of the diploma/degree for which a bursary is required e.g. BSc: Civil Engineering <i>(Please attach the course outline)</i> | | | 6. | Which academic year is the bursary required for? | | | | |
| 7. | Which year of study are you at present? <i>(Mark with "X")</i> | Matric | 1 st Year | 2 nd Year | 3 rd Year | 4 th Year | | | |
| | | Diploma | BTech | Advance Dip | Degree | Honours | Masters | | |
| 8. | Which year of study is the bursary required for? | 1 st Year | | 2 nd Year | | 3 rd Year | | 4 th Year | |
| | | Diploma | BTech | Degree | Honours | | Masters | | Other |
| 9. | Have you failed any course(s)/module(s)? | | | Yes | | No | | | |
| | Please provide details of any previously failed course(s)/module(s) and the course code. If the provided space is not enough, please attach the academic history of your failed course(s) or module(s) | | | Year Failed | Current status | | | | |
| | | | | | Failed | | Passed | | |
| 10. | Attach a certified copy of your latest academic results | | | Are the academic results attached? | | | | | |
| | | | | Yes | | | No | | |

SECTION E: STUDY COST

| | | | | | | | | | |
|--|---|---|--------|---------------------------|--------|-----------------------------|--------|-----------|-------|
| 1. | Who is currently funding your studies? | | | | | | | | |
| 2. | Do you have any sponsor or bursary? | | Yes | No | 2.1 | How does it cover the cost? | | Partially | Fully |
| | If partially funded, what is the shortfall? | | | | | 2.3 | Amount | | |
| 3. | Provide cost estimate per item listed below for the relevant academic year <i>(Please Note: Costs is subject to the annual maximum amounts, as determined by the department)</i> | | | | | | | | |
| Accommodation Cost per annum | R..... | Academic Cost per annum <i>(Attach the subject costs for 2020)</i> | R..... | Stationery Cost per annum | R..... | | | | |
| Transport Cost per annum <i>(Only applicants residing at their homes qualify for transport allowance)</i> | R..... | Meals Cost per annum <i>(Only applicants residing at a private or non-catering accommodation qualify for meal allowance)</i> | R..... | TOTAL COST | R..... | | | | |

SECTION F: FINANCIAL ASSESSMENT OF PARENT(S)/GUARDIAN(S)/SPOUSE INFORMATION

(Please attach certified copy of parent/guardian/spouse ID)

Parent/Guardian

| | | | | | | | | | | | | | | | | |
|----|-------------------|-----------|------------|----------------------|---------|----------|--------|-------|--|--|--|--|--|----|---------------|------------|
| 1. | First Name | | | | | | | | | | | | | | | |
| 2. | Surname | | | | | | | | | | | | | | | |
| 3. | Identity Number | | | | | | | | | | | | | 4. | Date of Birth | DD/MM/YYYY |
| 5. | Gender | Male | Female | Race | African | Coloured | Indian | White | | | | | | | | |
| 6. | Language | Afrikaans | English | Isixhosa | Other | Specify | | | | | | | | | | |
| 7. | Disabled | No | Yes | Nature of Disability | Specify | | | | | | | | | | | |
| 8. | Employment Status | Employed | Unemployed | Self-Employed | | | | | | | | | | | | |

Parent/Guardian (if applicable)

| | | | | | | | | | | | | | | | | |
|-----|---|-----------|--------------------------------|----------------------|------------------------|----------|--------|-------|--|--|--|--|--|-----|---------------|------------|
| 9. | First Name | | | | | | | | | | | | | | | |
| 10. | Surname | | | | | | | | | | | | | | | |
| 11. | Identity Number | | | | | | | | | | | | | 12. | Date of Birth | DD/MM/YYYY |
| 13. | Gender | Male | Female | Race | African | Coloured | Indian | White | | | | | | | | |
| 14. | Language | Afrikaans | English | Isixhosa | Other | Specify | | | | | | | | | | |
| 15. | Disabled | No | Yes | Nature of Disability | Specify | | | | | | | | | | | |
| 16. | Employment Status | Employed | Unemployed | Self-Employed | | | | | | | | | | | | |
| 17. | Combined Financial Status of Parent(s)/Guardian(s)/Spouse (Please attach proof of income (i.e. current salary/pay slip, not older than three months or an affidavit)) | | | | | | | | | | | | | | | |
| | Financial Income Per Annum | | | | | | | | | | | | | | | |
| | Below R150 000.00 p.a. | | R150 000.00 - R350 000.00 p.a. | | Above R350 000.00 p.a. | | | | | | | | | | | |
| 18. | Number of dependent(s) in the household | | | | | | | | | | | | | | | |
| 19. | 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. | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | |
|-----|--|--|--|--|--|--|--|--|---|--|--|--|--|--|--|--|
| 10. | Contact Details of the Parent/Guardian/Spouse | | | | | | | | | | | | | | | |
| | POSTAL ADDRESS | | | | | | | | HOME ADDRESS (i.e. Physical Address) | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | Code | | | | | | | | Code | | | | | | | |
| | Home Landline | | | | | | | | Cellular Number | | | | | | | |
| | E-mail Address | | | | | | | | | | | | | | | |
| | Municipal area where parent(s)/guardian(s)/spouse resides | | | | | | | | | | | | | | | |

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:

Bursary Application Attachment Check List

Please ensure you attach the following documentation (tick as appropriate):

| NO | DOCUMENTS | YES | NO |
|-----------|--|------------|-----------|
| 1 | Full course outline for 2020 | | |
| 2 | Estimation of study costs as supplied by the HEI | | |
| 3 | Certified copy of matric certificate and/or latest results | | |
| 4 | Full academic records at HEI (qualification and/or latest results) | | |
| 5 | Certified copy of ID | | |
| 6 | Salary slips or affidavit to support financial status of parents/ guardian/ spouse. For deceased parents please provide a copy of the death certificate | | |
| 7 | Proof of Address (an account or bill not older than 3 months) | | |
| 8 | Proof of application/registration at the relevant Higher Education Institution | | |

All applicants are to apply for student on-campus accommodation for 2020

Please submit completed applications as follows:

| | |
|--|---|
| <u>Post to the following address:</u> Masakh'iSizwe Bursary Programme Private Bag X9185 Cape Town 8000 | <u>Hand deliver to the following address:</u> Masakh'iSizwe Bursary programme 17 th Floor, Atterbury House 9 Riebeeck Street Cape Town |
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Note: Applicants for BCV Company Bursaries must submit their applications directly to the company

Please contact the Masakh'iSizwe office for any enquiries:

Lazola Mtongana @ 021 483 0964 / 9545 / 6553

E-mail: Lazola.Mtongana@westerncape.gov.za or
Natasha.Jood@westerncape.gov.za