



DUBE TRADEPORT CORPORATION

BURSARY APPLICATION FORM

2021

(External)

<p>Please print when completing this form. Mark appropriate blocks with an “X” Failure to complete this application form fully and correctly may prejudice the applicant’s chances of obtaining a bursary.</p>	<p>Submit the completed application form and the relevant attachments and send to: solomon.nkosi@dubetradeport.co.za or</p>
---	--

PERSONAL PARTICULARS

FIRST NAMES: _____

SURNAME: _____

IDENTITY NUMBER: _____

DATE OF BIRTH: _____

POSTAL ADDRESS: _____

PHYSICAL 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** _____

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

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

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.

Did you consult a vocational counsellor regarding your choice of study?
YES/NO

Have you previously received a Public Service Bursary? **YES/NO**

If yes – until which year? _____

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 studying for:

Name of tertiary institution you intend studying at:

Provisional acceptance from the tertiary institution at which you intend studying

Received or Not Received: _____

QUALIFICATIONS

Highest standard passed:

Name of school attended:

Town/city:

UNIVERSITY AND/OR OTHER POST SCHOOL TRAINING/STUDIES

Are you presently enrolled at a tertiary institution/college?

YES/NO

Name of institution/college:

<p>List the subjects passed thus far:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Address of institution/college:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Current year of study:</p> <p>_____</p>	<p>Name of degree/diploma:</p> <p>_____</p> <p>_____</p>
<p>What is the remaining duration of your current studies as prescribed by the tertiary institution?</p> <p>_____</p> <p>_____</p>	<p>List the subjects that still need to be completed to obtain the relevant qualification:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Please indicate the year you started studying for the current course of studies:</p> <p>_____</p>	<p>Have you ever failed any year of study? YES/NO</p> <p>Which year? _____</p>
<p>Have you rewritten the examination/s for the subject/s failed? If yes, please indicate the date of the examination:</p> <p>_____</p> <p>_____</p>	<p>Student number at current institution:</p> <p>_____</p>

Please indicate the annual gross income of your parent or legal guardian should you be dependent on them during the course of your intended studies (**please indicate or tick the relevant option by putting a cross next to the what is relevant to you**):

Indicate if you are a Single Parent / 2 Parents / Guardian	
Gross Income bracket:	(tick next to the relevant bracket) X
0 – 100 000	
100 001 – 400 000	
400 001 – 600 000	
600 001 – 800 000	
800 001 and above	

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 Dube Tradeport Corporation Administration 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.

DECLARATION

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

SIGNATURE OF APPLICANT

DATE

WITNESS

DATE

WITNESS

DATE

REQUIREMENTS

Please provide the following with the Bursary Application Form:

- 1) An originally certified copy of your official study record showing marks, symbols, percentages obtained in all examinations written (including the matriculation exemption).**
- 2) An originally certified copy of your identity document.**
- 3) Copy of the admission requirements from the academic institution for the intended course of study if you have not already been accepted.**
- 4) Copy of the curriculum (indicating the number of years of study, number of modules/subjects to be taken) from the academic institution for the intended course of study.**
- 5) Printout from the academic institution of the tuition fees that will be required.**
- 6) 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.**
- 7) Originally certified death certificate/s of parent/s (if applicable).**
- 8) Letter of motivation (explain why you believe you are deserving of a bursary outlining your circumstances).**