



# 2024

## STUDENT FINANCIAL ASSISTANCE

"THE DOORS OF LEARNING SHALL BE OPENED"



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

### PERSONAL DETAILS

Surname: .....

First Name/s .....

Gender .....

### CONTACT DETAILS

Physical Address .....

Area .....

Ward .....

Contact number .....

Alternative number .....

Email Address .....

### QUALIFICATIONS

Highest Grade Passed .....

Name of school attended .....

Town/City .....

### DETAILS OF HIGHER LEARNING INSTITUTION

First year students

Returning students

**TO BE FILLED BY FIRST YEAR STUDENTS**

Have you been accepted at the institution YES/NO? .....

If yes, Do you have an institution acceptance letter .....

Is the Institution a Public or Private Institution? .....

Name of the Institution .....

Campus ..... Student Number: .....

List the Matric subjects passed relevant to the qualification applied for:

SUBJECT	%	SUBJECT	%

**TO BE FILLED BY STUDENTS WHO ARE CURRENTLY REGISTERED AT A HIGHER LEARNING INSTITUTION / FUTHERING THEIR STUDIES**

Are you presently enrolled at a tertiary institution? YES/NO .....

If Yes, name of the institution: .....

Student number: ..... Year of study:.....

Name of qualification: .....

**LIST THE LATEST SUBJECTS OR MODULES PASSED:**

SUBJECT	%	SUBJECT	%

Please attach statement of results.

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

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: .....

**DETAILS OF THE PARENTS OR GUARDIAN OF THE APPLICANT**

Full name of parent/legal guardian: .....

Marital status: .....

Occupation: .....

Employed or unemployed? .....

If employed please indicate the annual gross income of parent or legal guardian:

**Less than R60 000 per annum**

**Less than R120 000 per annum**

**DECLARATION**

I understand that this application for a bursary is not a loan and declare that the above particulars are complete and correct. I also understand that the bursary is granted as a once off support programme. I also understand that the municipality is not obliged to award me the bursary every year. I also accept that the municipality is under no obligation to offer me any employment opportunity with this application.

Signature of Applicant: ..... Date: .....

The application should be submitted in a sealed envelope and should be marked “**KwaDukuza Student Financial Assistance 2024**” and be submitted to, **The Municipal Manager: KwaDukuza Municipality, P.O Box 72, KwaDukuza, 4450** or hand-delivered to **KwaDukuza Municipality Youth Development office/Centre, 41-42 Hullet Street.**

Enquires: Mr Wiseman Cele – 032 437 5170 | [wisemanc@kwadukuza.gov.za](mailto:wisemanc@kwadukuza.gov.za)