



BURSARY APPLICATION FORM

NORTHERN CAPE PROVINCIAL GOVERNMENT

INSTRUCTIONS

1. Read carefully before completing, signing or submitting this form.
2. This form must be completed in full and signed off, with black ink and certified copies of the documents listed in Annexure A (Checklist) should be provided. Certified copies must not be older than 6 months.
3. The bursary contract period will be dependent on the candidate's year of study.
4. The bursar will be required to perform compulsory community service as per the contract.
5. The bursary is for unemployed youth (age 18- 35) only
6. This bursary shall not be utilised for pre-existing / current study debt.
7. It is important to note that any misrepresentation of / failure to disclose information shall result in immediate disqualification and termination of bursary, if it has already been granted.
8. It is expected of the applicant to disclose the outcomes of any other bursary / loan/ co-funding applications.

CRITERIA:

1. Proof of registration from the Higher Education Institution for the qualification in the relevant field of study must be attached.
2. Provisional acceptance from a university should also accompany the application.
3. In order for a learner to qualify for a bursary, he /she must obtain at least 60% aggregate (Gr12, current & enrolled students)
4. Incomplete application forms or applications with insufficient information, according to the checklist, will not be considered.
5. Closing date for ALL applications is 18 November 2022.
6. Late applications will not be considered.
7. The bursary covers undergraduate studies / first degrees only.

NOTE:

1. It is the responsibility of the student to ensure the following are adhered to:
 - a. ALL listed items as contained in Annexure A (Checklist), are attached to the Application Form;
 - b. Application Form with attachments to be forwarded to:
 - 31A Angel Street, New Park, KIMBERLEY, 8301
 - Email: Bursary_Admin@ncpg.gov.za or Bursary_Enquiries@ncpg.gov.za

All applicants are thanked for their interest. If you do not receive feedback from us within 6 weeks from the closing date, please consider your application as unsuccessful.

SECTION A – PERSONAL DETAILS OF THE APPLICANT

Surname													
Full names													
Date of birth							Age						
Place of birth													
Identity number													
SA Citizenship	Yes						No						
Gender	Male						Female						
Race	African		Coloured		Indian		White						
Do you have a disability	Yes	No	If yes, specify										
Residential address with postal code													
Postal address with postal code													
Telephone numbers with dialling codes	Home:						Cellular:						
	Parent Guardian:						Parent / Guardian:						
District													
Marital status													
Email address													
Have you ever been found guilty of a criminal offence?	No	Yes	If yes, specify										
Are you employed?	No	Yes	If yes, provide employer's details										

- Attach certified copy of Identity document and related information (See attached Annexure)

SECTION B – HIGH SCHOOL INFORMATION

Name of school				
School address				
Province				
Grade				
Years attended	From:		To:	
List subjects	Subject:	Symbol:	Subject:	Symbol:

- Attach certified proof of latest results

SECTION C - POST MATRIC RESULTS

Institution				
Institution's Contact details				
Nature of Qualification	Diploma	Degree	Post Graduate Qualification	
Course Details eg. (Diploma in Retail Management)				
Current Status (indicate whether you are an existing student / or previous registration with other tertiary institutions)				
Student number				
Year of study	1st Year	2nd Year	3rd Year	4th Year
Modules registered	List modules	List modules	List modules	List modules
<ul style="list-style-type: none"> • Attach certified full academic record (See attached Annexure) 				

SECTION D – INTENDED FIELD OF STUDY FOR 2023 ACADEMIC YEAR

Institution			
Course Details eg. (Diploma in Retail Management)			
Did you apply for any other funding?	Yes	No	If yes, provide details
Are you receiving any other form of financial assistance / bursary / loan / co-funding?	Yes	No	If yes, provide details
<ul style="list-style-type: none"> • Attach proof of registration & tax invoice / quotation from the institution and related information (See attached Annexure) 			

SECTION E – PERSONAL DETAILS OF PARENT / GUARDIAN / NEXT OF KIN

Parent /Guardian 1	Proof of guardianship must be attached																					
Surname																						
Full names																						
Identity number	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																					
Relationship to student																						
Residential Address with postal code																						
Postal address with postal code																						
Annual Income																						
Telephone numbers with dialling codes	Home:	Cellular:																				
Email address																						
Parent 2	Proof of guardianship must be attached																					
Surname																						
Full names																						
Identity number	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																					
Relationship to student																						
Residential Address with postal code																						
Postal address with postal code																						
Annual Income																						
Telephone numbers with dialling codes	Home:	Cellular:																				
Email address																						
<ul style="list-style-type: none"> • Attach certified ID documents; proof of income of both parents / guardians and related information (see attached Annexure) 																						

SECTION F - DECLARATION BY APPLICANT

I, (full name & surname),..... hereby declare that ALL information provided in this Application is complete and factual.

I acknowledge that any misrepresentation of information and or failure to disclose information will lead to my application being rejected.

Full Name: Signature: Date:

Signature: Parent / Guardian Date: