KWAZULU-NATAL PROVINCE
ECONOMIC DEVELOPMENT, TOURISM AND ENVIRONMENTAL AFFAIRS
REPUBLIC OF SOUTH AFRICA

EDTEA AERONAUTICAL/MECHANICAL/CIVIL ENGINEERING BURSARY APPLICATION FOR 2026/27

Full Name of the Applicant : _____

University you intend to register/ have registered with: _____

Name of the degree you intend to register/ registered for: _____

District Municipality : _____

Local Municipality : _____

Important instructions: Your fully completed Application Form must be accompanied by the following documentation:

1) **An original certified copy of the applicant's Identity Document.**

2) **For grade 12 learners, attach an originally certified copy of your mid-year Grade 12 results. And provide your grade 12 results as soon as they are available or a Matric certificate (if available). For undergraduate students already registered with Institutions of Higher Learning, provide your latest academic record.**

3) **A copy of an acceptance letter from the academic institution for the intended course of study (if available) or email once available.**

4) **Proof of residence must be included (e.g. Municipality account of parent/s or guardian/s, Municipality, Traditional Authority or Ward Councilor letter)**

5) **Originally certified copy of ID for parent/s or guardian/s**

6) **Letter of Guardianship**

7) **Income and expenditure statement of parent/legal guardian. (Proof of income must be provided) or an affidavit from parent/s stating that they are unemployed.**

8) **Letter of motivation (explain why you should be awarded the bursary)**

9) **Any other additional information must be included for the correlation of the application (e.g. Death Certificate and Medical Proof)**

***Please turn over to complete the Form**

Please print when completing this form. Failure to complete this application form fully and correctly may prejudice the applicant's chances of obtaining a bursary.	**Submit the completed application form and the relevant attachments as per the address supplied in the advertisement.**

SECTION A: PERSONAL PARTICULARS

FIRST NAMES: _____	
SURNAME: _____	
IDENTITY NUMBER: _____	DATE OF BIRTH: _____
POSTAL/ PHYSICAL ADDRESS: _____ _____	EMAIL 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**_____ If YES, please Specify _____ _____
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 counselor regarding your choice of study? **YES/NO**
Have you previously received a Public Service Bursary? **YES/NO** If yes – until which year? _____	
Where did you hear about this bursary? _____	
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 to study for: _____	
Name of the tertiary institution you intend to study with: _____ Provisional acceptance from the tertiary institution with which you intend to study with **Received or Not Received**: _____	

SECTION B: QUALIFICATIONS

Highest standard passed: _____ Year completed _____	Name of school attended: _____ Town/city: _____

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

SECTION C: DETAILS OF PARENT/S OR GUARDIAN/S

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 Department 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.

SECTION D: DECLARATION

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

NAME OF THE APPLICANT : _____

SIGNATURE OF APPLICANT : _____

DATE : _____

NAME OF PARENT/S OR LEGAL GUARDIAN/S : _____

SIGNATURE OF PARENT/S OR LEGAL GUARDIAN/ : _____

DATE : _____

FOR OFFICE USE ONLY

RECOMMENDATION BY BUSINESS UNIT OFFICIAL:

_____
_____
_____
_____

_____ _____
NAME **SIGNATURE**

DATE: _____

RECOMMENDATION BY HUMAN RESOURCE DEVELOPMENT COMMITTEE

_____
_____
_____
_____
_____
_____

_____ _____
NAME OF CHAIRPERSON **SIGNATURE**

DATE: _____

APPROVED / NOT APPROVED BY HEAD OF DEPARTMENT (HOD)

_____
_____
_____
_____

_____ _____
NAME OF HOD **SIGNATURE**

DATE: _____