



# LIMPOPO

PROVINCIAL GOVERNMENT  
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF  
**PUBLIC WORKS, ROADS  
AND INFRASTRUCTURE**

**BURSARY APPLICATION FORM**  
**FULL TIME**

**APPLICATION YEAR: 20.....**

**PERSONAL DETAILS**

Surname: \_\_\_\_\_ Full Names \_\_\_\_\_

ID No: \_\_\_\_\_ Race: \_\_\_\_\_

Nationality: \_\_\_\_\_ Province: \_\_\_\_\_

Gender: Male  Female  Disabled: Yes  No

Postal Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Postal Code: \_\_\_\_\_

Residential Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone number: \_\_\_\_\_ Cell number: \_\_\_\_\_

**(ATTACHED COPY OF IDENTITY DOCUMENT)**

**PARENTS/ GUARDIAN INFORMATION**

Full Names of Parent(s) or Guardian(s):

\_\_\_\_\_  
\_\_\_\_\_

43 Church Street. Polokwane, 0699, Private Bag X9490, POLOKWANE, 0700  
Tel: (015) 284 7001, (015) 284 7030 website: <http://www.dpw.limpopo.gov.za>

Address if different from yours:

---

---

---

Number of dependants: \_\_\_\_\_

Occupation of Parents or Guardians:

---

---

Name & Address of Employer:

---

---

---

Total Income of Parent(s)/ Guardian(s): \_\_\_\_\_

### **(ATTACHED PROOF OF INCOME)**

#### **STUDY DIRECTION**

Intended field of study to be pursued: \_\_\_\_\_

Name of Institution: \_\_\_\_\_ Duration (No of years): \_\_\_\_\_

Academic year of study (e.g. 1<sup>st</sup>, 2<sup>nd</sup> or 3<sup>rd</sup> year): \_\_\_\_\_

#### **FINANCIAL SUPPORT**

Have previously received a bursary or loan from the government? If so furnished particulars:

---

---

#### **EDUCATIONAL QUALIFICATION**

Highest Qualification: \_\_\_\_\_

Year obtained: \_\_\_\_\_

#### **(NB: PLEASE ATTACH COPIES OF QUALIFICATIONS OR LATEST ACADEMIC RESULTS)**

#### **REFERENCES:**

Give names and address of two persons:

Surname and Initials:

---

Address:

---

---



**DECLARATION**

I certify that the information furnished is true and correct. In the event of the Bursary Loan being awarded to me I am prepared to enter into a contractual agreement with the Department.

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Parent/ Guardian**

\_\_\_\_\_  
**Date**

**RETURN TO**

**The Senior Manager  
HRD & PMS  
Department of Public Works  
Private Bag X 9490  
Polokwane  
0700**

**Works Towers  
43 Church Street  
Polokwane  
0700**