



LIMPOPO

PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF PUBLIC WORKS, ROADS & INFRASTRUCTURE

BURSARY APPLICATION FORM FULL-TIME

BURSARY APPLICATION FORM: 2027 ACADEMIC YEAR

PERSONAL DETAILS OF THE APPLICANT

Surname:

Full Name:

ID No

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(ATTACH COPY OF IDENTITY DOCUMENT)

Race: African ☐ Coloured ☐ Indian ☐ White ☐

Nationality:

Province:

Gender:

Male

Female

Disabled:

Yes

No

Postal Address:

Postal Code:

Residential Address:

Residential Code:

Telephone number:

Cell number:

Alternative number:

43 Church Street, Polokwane, 0699, Private Bag X9490, POLOKWANE, 0700
Tel: (015) 284 7000, (015) 284 7030 website: <http://www.dpw.limpopo.gov.za>

The heartland of Southern Africa - development is about people!

PARENTS/ GUARDIAN INFORMATION

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

Address if different from applicant's:

Contacts:

Cell number

Home telephone:

Number of dependants:

Occupation of Parents or Guardians:

Name of Employer:

Address of Employer:

Work contact:

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

(ATTACH PROOF OF INCOME/ AVIDAVIT)

STUDY DIRECTION

Intended field of study to be pursued:

Diploma/ B-Tech/Degree in:

(KINDLY NOTE THAT BURSARY PROGRAMME ONLY COVERS FULL QUALIFICATIONS: 360 CREDITS AND NOT POST-GRADUATE QUALIFICATIONS)

Name of
Institution:

Duration
(No of
years):

Academic year of study (e.g. 1st, 2nd, 3rd or 4th year):

(ATTACH PROOF OF ACCEPTANCE INTO THE INTENDED QUALIFICATION)

Financial Support

Have you previously received a bursary or loan from the government?

Yes	No
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If so, provide particulars/
details:

EDUCATIONAL QUALIFICATION

Highest Qualification: _____ Year obtained:

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

REFERENCES:

Give names and address of two persons:

Surname and Initials: _____

Contact Number: _____

Address: _____

Surname and Initials: _____

Contact Number: _____

Address: _____

MOTIVATION

REASON FOR APPLYING FOR A BURSARY:

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DECLARATION

I certify that the information furnished is true and correct. In the event of the Bursary 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 Director
HRD & PMDS
Department of Public Works
Private Bag X 9490
Polokwane
0700

Hand deliver:

43 Church Street
Department of Public Works, Roads & Infrastructure
Polokwane
0699

RECEIPT-STAMP:
HRD/ DISTRICT CO-ORDINATORS

Received by HRD Bursary coordinator

Signature of HRD Coordinator

Date

Confirmed by Deputy Director HRD

Signature of Deputy Director HRD

Date

