



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. 1st, 2nd or 3rd 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**

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