



LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

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

BURSARY APPLICATION FORM
FULL TIME

2024 ACADEMIC YEAR APPLICATIONS

PERSONAL DETAILS OF THE APPLICANT:

Surname: _____ Full Names _____

ID No: _____ Race: _____

Nationality: _____ Province: _____

Gender: Male Female Disabled: Yes No

Postal Address:

Postal Code: _____

Residential Address:

(ATTACH PROOF OF RESIDENCE)

Telephone number: _____ Cell number: _____

Alternative number: _____

(ATTACH COPY OF IDENTITY DOCUMENT)

PARENTS/ GUARDIAN INFORMATION

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

Address if different from applicant's:

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!

Contacts cell number/ home telephone: _____

Number of dependants: _____

Occupation of Parents or Guardians:

Name & 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? 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:

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

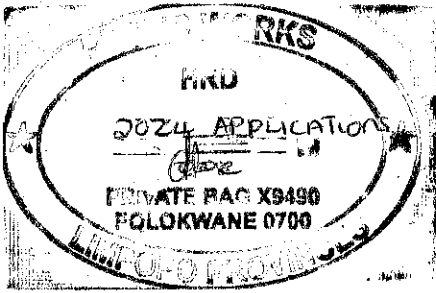
Date

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