



# APPLICATION FORM

## COMMUNITY BURSARY

Dear Applicant,

The organisation hereby invites interested people who reside within **Sedibeng Water** areas of operation to apply for bursaries for 2019 academic year.

### THE BURSARY WILL FUND THE FOLLOWING STUDY FIELDS:

- Water Resources Management / Water Quality / Water Treatment;
- Project Management;
- Engineering: Electrical, Civil & Mechanical;
- Accounting;
- Supply Chain Management;
- Business Management; and
- Risk Management.

### REQUIREMENTS FOR ELIGIBILITY:

- South African citizens;
- Previously disadvantaged people;
- Applicants who reside within Sedibeng Water areas of operation;
- Youth between ages 16-35 years;
- Applicants with academic achievement of 60% and above;
- Applicants who meet the affordability means test;
- Applicants who are dependants of Sedibeng Water employees; and
- Applicants who are registered or intend registering towards undergraduate or postgraduate qualification with any public TVET College or university within the Republic of South Africa.

### HOW TO APPLY?

Complete the application form in full and attach the following supporting documents with your application:

- Recent academic statement of results or Grade 12 final or preliminary results;
- Certified copies of ID (Applicant, parents and/or guardian);
- Copy of enrolment letter or acceptance letter (If available);
- Proof of parents' income or guardian's income;
- Proof of residential address; and
- Certified copy of death certificate and affidavit in cases where one or both parents of the applicant are deceased.

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**APPLICATIONS MUST SENT BY:**

**Mail to** Coordinator Human Resources Development  
Sedibeng Water, Private Bag X5  
BOTHAVILLE 9660

**Or hand delivered to** Sedibeng Water (Corporate Office)  
Protea Street, Balkfontein  
BOTHAVILLE 9660

**Or E-mail to** [mrakometsi@sedibengwater.co.za](mailto:mrakometsi@sedibengwater.co.za)

**NB:** Communication will be limited to shortlisted applicants. Successful applicants will be required to enter into a contract with the organisation. The organisation reserves the right to determine the total number of bursary allocations based on the total budget available. Incomplete and late applications will not be considered.

**CLOSING DATE**

Apply before **07 December 2018**.

For enquiries contact Mr. Malixole Phololo (Tel: 056 - 515 0298) or Ms. Motshewa Rakometsi (Tel: 056- 515 0362)

Regards

Mr. Toto Molobye  
**Human Resources Executive**

**1. PERSONAL DETAILS**

Full name(s) & Surname: \_\_\_\_\_

ID Number: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Race: \_\_\_\_\_ Gender: \_\_\_\_\_ Home Language: \_\_\_\_\_

Physical Address: \_\_\_\_\_

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

Municipal Area: \_\_\_\_\_ District: \_\_\_\_\_

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

Postal Address: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_ Mobile: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Citizenship: \_\_\_\_\_

Do you have any disability condition? (**YES / NO**) If yes, please provide details: \_\_\_\_\_

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

Have you ever been convicted of any criminal activity in a court of law? **YES / NO**

If you answered yes to the above, please provide details:

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

What are you doing this year?

(Tick the appropriate)

Grade 12 learner	<input type="checkbox"/>
Tertiary student	<input type="checkbox"/>
Unemployed	<input type="checkbox"/>
Fulltime employed	<input type="checkbox"/>

Are you a dependant of an employee of Sedibeng Water? **YES / NO**

If you answered yes to the above, please provide details of the employee below:

Full name(s): \_\_\_\_\_

Your relationship to the employee: \_\_\_\_\_

Employee number: \_\_\_\_\_ Region: \_\_\_\_\_

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**2. FAMILY INFORMATION**

**Father or Stepfather**

Full name(s)					
Employed?	Yes	No	Pensioner?	Yes	No
Total income (salary, wages, pension, grant, other) per month?	*R				

\*Attach proof of income/death certificate

**Mother or Stepmother**

Full name(s)					
Employed?	Yes	No	Pensioner?	Yes	No
Total income (salary, wages, pension, grant, other) per month?	*R				

\*Attach proof of income/death certificate

**Guardian (if applicable)**

Full name(s)					
Employed?	Yes	No	Pensioner?	Yes	No
Total income (salary, wages, pension, grant, other) per month?	*R				

\*Attach proof of income

**Your spouse or own income (if employed)**

Full name(s)					
Marital status?	Married	Not Married	Divorced	Widow	Widower
Employed?	Yes	No	Employer?		
Occupation?			Employment Type?	Permanent	Contract
Total income (salary, wages, pension, grant, other) per month?	*R				

\*Attach proof of income

**Provide the names and surnames of other members of your family who are living at same physical address you provided.**

Full name(s)	Relationship (e.g. grandmother)	Which category does the person fall under? (e.g. <b>Pre-school / School Learner / Tertiary Student / Adult</b> )	Does the person have any income from any source? (provide rand per month)	What kind of income is this? (e.g. wages / salary / grant / pension / other)
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				

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**3. ACADEMIC INFORMATION**

Please indicate the intended field of study/course below (e.g. BA Communication Science)

**1<sup>st</sup> Choice Study Programme:** \_\_\_\_\_

Tertiary Institution: \_\_\_\_\_ Campus: \_\_\_\_\_

Are you already accepted or enrolled for this study programme? **YES / NO**

**2<sup>nd</sup> Choice Study Programme:** \_\_\_\_\_

Tertiary Institution: \_\_\_\_\_ Campus: \_\_\_\_\_

Are you already accepted or enrolled for this study programme? **YES / NO**

Do you need accommodation? **YES / NO**

Did you apply or do you intend to apply for student residence at the campus? **YES / NO**

What is your highest qualification? \_\_\_\_\_

Provide Grade 12 Final Results or recent preliminary results			
School name		Exam number	
Grade 12 Subjects		Percentage % achieved (Preliminary)	Percentage % achieved (Final)
1.			
2.			
3.			
4.			
5.			
6.			
7.			

Provide your recent university or college Final Results (If applicable)			
Tertiary institution		Student number	
University/College Modules	% Achieved	University/College Modules	% Achieved
1.		8.	
2.		9.	
3.		10.	
4.		11.	
5.		12.	
6.		13.	
7.		14.	

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**4. OTHER BURSARIES OR FINANCIAL ASSISTANCE**

Have you applied for NSFAS funding?	Yes	No
Do you have any other bursary or financial assistance you have applied for?	Yes	No
Do you have any confirmed bursary or existing bursary or grant?	Yes	No
If you answered yes above, please provide the details including contractual obligations on the below space.		
.....		
.....		
.....		

**5. CHECKLIST FOR THE APPLICANT**

Required Documents (Certified copies) (Mark with X)	Yes	No
Dully signed application form		
Applicant's copy of ID		
Copies of matric results and/or academic result		
Proof of residential address		
Proof of university admission letter (if available)		
Quotation of study fees /tuition fees		
ID or Death Certificates of parent(s) or guardian (applicants under 21 years);		
Proof of income parent(s) or guardian		
Proof of income applicant (if applicable)		

**6. DECLARATION**

By signing this application form, I accept and understand that this application does not guarantee that I will receive a bursary. I acknowledge that any personal information including supporting documentation submitted with this application, is submitted voluntarily for the purpose of processing the bursary application. I grant permission to **Sedibeng Water** to contact any person or institution for the purpose of validating or verifying the information submitted by me.

I furthermore acknowledge that the information provided by me, is to the best of my knowledge both true and correct, and that I understand that **Sedibeng Water** reserves the right to withdraw or cancel my bursary application and/or bursary contract for submission of false or inaccurate information or documentation to support this application.

Applicants' full name(s): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Place: \_\_\_\_\_

Applicants' parent / guardians' full name(s): \_\_\_\_\_

(For applicants under 21 years)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Place: \_\_\_\_\_

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