



HR – Training Department
**Bursary Application for
Tertiary Studies**

Doc No.:	TRA 001
Rev No.:	07
Rev Date:	07/07/2023

Please complete all sections in BLOCK CAPITALS:

1 PERSONAL DETAILS

Title: *(Please tick appropriate box)* Mr Miss Mrs Ms

First Names: _____ Surname: _____

ID Number: _____ Home Language: _____

Nationality: _____ Gender: _____

Date of Birth (yyyy/mm/dd): _____ Race: _____

Home Province: _____ Age: _____

2 CONTACT DETAILS

Email Address: _____ Landline Number: _____

Mobile Number: _____ Alternative Contact Details: _____

Current Address: _____ Home Address: _____

3 TERTIARY STUDIES

Current Institution you are registered at: *(Please tick the appropriate box)*

NMMU <input type="checkbox"/>	UKZN <input type="checkbox"/>	WITS <input type="checkbox"/>	TUKS <input type="checkbox"/>	SUN <input type="checkbox"/>	UJ <input type="checkbox"/>	UCT <input type="checkbox"/>	UFS <input type="checkbox"/>
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Studying towards which type of qualification: BSC BENG

Field of Study: *(Please tick the appropriate box)* Civil Engineering Construction Man Quantity Surveying

Name of the Institution you are studying at? _____

What year did you begin studying your qualification? 20 _____

Currently what year of studies are you in? *(Please tick the appropriate box)* 1st 2nd 3rd 4th Final Honours

What year do you expect to complete your qualification? 20 _____

Where will you reside during your studies? <i>(Please tick the appropriate box)</i>	Self -Catering Res <input type="checkbox"/>	University Res <input type="checkbox"/>	Home <input type="checkbox"/>	Renting/Private <input type="checkbox"/>
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PLEASE ATTACH YOUR MATRIC RESULTS AND ACADEMIC RECORD TO DATE



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4 PERSONAL BACKGROUND INFORMATION

Where did you grow up?

What High School did you attend?

Do you have siblings, if so how many?

How would you describe your health? *(Please tick the appropriate box)* Excellent Average Poor

5 ACHIEVEMENTS

SPORTS	HOBBIES	AWARDS

6 PREVIOUS STUDIES & EMPLOYMENT

	CURRENT	PAST
Details of other studies		
Past work experience		

Are you currently employed? If so, part-time or full-time? Yes No Part-time Full-Time

Please provide details if your answer to the above question was yes

7 PREVIOUS / CURRENT BURSARY OBLIGATIONS

Have you previously had a bursary? Yes No

IF YES, PLEASE PROVIDE ADDITIONAL INFORMATION

YEAR	COMPANY	AMOUNT	OBLIGATION



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10 PARENT / GUARDIAN DETAILS			
FATHER			
Surname:		Title:	
First Names:			
Occupation:			
Employer:			
Contact Details:	Employer	Home	
Contact Number:			
Address:			
MOTHER			
Surname:		Title:	
First Names:			
Occupation:			
Employer:			
Contact Details:	Employer	Home	
Contact Number:			
Address:			
Signature of Parent / Guardian:		Date (yyyy/mm/dd):	



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11 UNDERTAKING

I hereby certify that to the best of my knowledge the above information is true and correct. In the event of assistance being granted, I am prepared to enter into the required agreement with the Company in terms of the bursary conditions.

12 PLEASE PROVIDE THE FOLLOWING DOCUMENTATION ALONG WITH THIS APPLICATION FORM

- Matric Certificate
- Official Tertiary Academic Record to date
- Proof of Registration (for Current Year)
- Official Tuition Statement to date
- Passport Photo
- CV
- Certified ID Copy

PLEASE NOTE: ALL DOCUMENTATION REQUESTED MUST BE SUBMITTED TO ENSURE YOUR APPLICATION IS ACCEPTED

PLEASE SUBMIT YOUR APPLICATION & SUPPORTING DOCUMENTATION TO THE FOLLOWING ADDRESS:

bursary_applications@wbho.co.za