



17 Harrison Street Johannesburg

Johannesburg Water PO Box 61542 Marshalltown 2107 Tel +27(0) 11 688 1400 Fax +27(0) 11 688 1528

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BURSARY APPLICATION FORM

PLEASE NOTE THE FOLLOWING:

- 1. This form must be completed in your OWN handwriting.
- 2. Incomplete application forms will not be considered.
- 3. In line with Johannesburg Water's bursary procedure, financial aid to students is provided on the basis of academic merit and financial need. Preference will be given to previously disadvantaged individuals, persons with disabilities and females
- 4. South African Citizens

The following documents must accompany your application form: (Do not attach originals. Attach certified copies only)

- 1. Proof of registration from the institution.
- 2. A certified copy of your Matric certificate.
- 3. An updated official transcript of your academic record at the University or University of Technology or a certified copy of such transcript.
- 4. Copy of identity document.
- 5. Copies of parent/guardian ID's.
- Copies of parent(s)/guardian(s) salary advice or affidavit if they are unemployed.

Completed application forms to be emailed to jw.humanresources@jwater.co.za Or posted to: The Assessment & Career Development Section, Johannesburg Water, P.O Box 61542, Johannesburg, 2107.

Closing date for applications is 31 August 2014.

Please indicate the name of the bursary (field of study) you are applying for:

BSc Engineering (Civil) with 1 ^{st year} completed	National Diploma (Civil Engineering) with S1 completed	Bio-Chemistry with	Degree or National Diploma in Internal Auditing with 1 ^{st year} or S1 completed
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Directors:

Ms Getty Simelane (Chairperson), Mr Lungile Dhlamini (Managing Director), Ms Busisiwe Shongwe (Financial Director), Ms Gugu Moloi, Mr Nandha Govender, Ms Natalie Skeepers, Ms Nompumelelo Msezane, Adv John Mateya, Mr Charles Motau,

Ms Khanyisa Mdutshane, Ms Jackie Manche

Mr Graham Luden (Company Secretary),

Johannesburg Water SOC Ltd





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SECTION A - PERSONAL DETAILS OFAPPLICANT

1.	Surname														
2.	First Names				1		_				_				
3.	Identity No.														
4.	SA Citizenship	Yes						No							
5.	Gender	Male						Fe	emale						
6.	Race	Africa	า		India	an		Co	oloure	d		W	hite		
7.	Do you have a	Yes						N	0						
	disability	If yes,	des	cribe	the	natur	e of	the	disab	oility:					
		,								,					
8.	Residential address														
9.	Postal address														
10.	Contact telephone	Home							Cellu	lar					
	numbers	Paren	t/						Other	•					
		Guard							conta						
11.	Email address														

NB: Attach copy of your ID

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SECTION B - EDUCATION

HIGH SCHOOL ATTENDED

Name of school		
School Address		
Grade(Please tick)	Currently in Grade 12	Completed Grade 12
Years attended	From:	To:
Subjects(list them below)	Percentage	Symbol
	-	
	School Address Grade(Please tick) Years attended Subjects(list them below)	School Address Grade(Please tick) Years attended Subjects(list them below) Percentage

Attach proof of latest academic results or academic transcript

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SECTION C - POST MATRIC QUALIFICATIONS

1.	Name of inst	itution							
2.	Full name of qualification	highest							
3.	Nature of qua	alification	Degree		Diploma	 a			
4.	Status		Complete	Presently studying		ontinued			
5.	If currently st Which year c		First Year	Second Year	Third Ye	Third Voor			
J.	(Please tick)		T II St T Cal	Second Teal	Tillia 16	aı	Fourth year		
	If discontinue	ed , for							
6.	What reason	s?							
7.			Major \$		Marks / % Obtained				
		7.1	-						
List	t the subjects	7.2							
		7.3							
		7.4							
						N	larks / %		
8.			Othe	r Subjects		C	Obtained		
		8.1							
		8.2							
		8.3							
List	t the subjects	8.4							
		8.5							
		8.6							
		8.7							
		8.8							

NB: Attach proof of latest academic results or academic transcript

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SECTION D - INTENDED STUDY FOR THE NEW ACADEMIC YEAR

1.	Name of Institution					
2.	Name of Qualification					
3.	Have you already a	pplied	at the institu	ution?	Yes	No
	Have you applied for or been	Yes	No	assista		ture of the financial ns involved and provide at provide the bursary.
4.	granted any other bursary or loan for next year?					





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SECTION E- PARENT (S) / GUARDIAN (S) / NEXT OF KIN INFORMATION

Surname												
First names												
Identity No.												
Relationship	Mother	Father		Other,	speci	ify						
Residential Address					-							
Postal Address												
Contact telephone	Home			Cellu	ular							
Numbers	Work			Othe	er							
				Cont	tacts							
Email address												
Profession												
Annual salary												
(attach copy of												
salary advice)												
	First names Identity No. Relationship Residential Address Postal Address Contact telephone Numbers Email address Profession Annual salary	First names Identity No. Relationship Residential Address Postal Address Contact telephone Numbers Home Work Email address Profession Annual salary (attach copy of	First names Identity No. Relationship Mother Father Residential Address Postal Address Contact telephone Numbers Work Email address Profession Annual salary (attach copy of	First names Identity No. Relationship Mother Father Residential Address Postal Address Contact telephone Numbers Work Email address Profession Annual salary (attach copy of	First names Identity No. Relationship Mother Father Other, Residential Address Postal Address Contact telephone Numbers Work Other Contact address Email address Profession Annual salary (attach copy of	First names Identity No. Relationship Mother Father Other, special Residential Address Postal Address Contact telephone Numbers Work Other Contacts Email address Profession Annual salary (attach copy of	First names Identity No.	First names Identity No. Relationship Mother Father Other, specify Residential Address Postal Address Contact telephone Numbers Work Other Contacts Email address Profession Annual salary (attach copy of	First names Identity No. Relationship Mother Father Other, specify Residential Address Postal Address Contact telephone Numbers Work Other Contacts Email address Profession Annual salary (attach copy of	First names Identity No. Relationship Mother Father Other, specify Residential Address Contact telephone Numbers Work Other Contacts Email address Profession Annual salary (attach copy of	First names Identity No. Relationship Mother Father Other, specify Residential Address Contact telephone Numbers Work Other Contacts Email address Profession Annual salary (attach copy of	First names Identity No. Relationship Mother Father Other, specify Residential Address Contact telephone Numbers Work Other Contacts Email address Profession Annual salary (attach copy of

NB: Attach copies of ID and an affidavit if Parent(s)/ Guardian(s) not working.



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SECTION - F		
Please tell us why you have chosen this degre graduation? What contribution do you feel you		er?
SECTION G - DECLARATION		
hereby confirm that the above information is true a	and correct.	
Signature of Applicant:	date	
Signature of Parent/ Legal Guardian:	date	

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