

2025 BURSARY APPLICATION

General Guidelines

For your application to be processed, please ensure that you complete all sections of the application form and attach all supporting documents. Only applications for *Film (UNDERGRADUATE) and Animation (UNDERGRADUATE AND POSTGRADUATE) Related Studies at KwaZulu-Natal Tertiary Institutions* will be considered.

Required Documents to be submitted with the application for (if and where applicable) Note that proof Income must not be older than 3 months	rm Compulsory	Check List (Tick if Attached)
A certified copy of 2024 Grade 12 June exam results or a current academ you are currently studying at a tertiary institution	ic record if YES	
A copy of your final results if you have completed your National Senior C (Matric)	ertificate YES	
A certified copy of your South African Identity Document (ID)	YES	
A copy of your acceptance letter to a KwaZulu-Natal based tertiary institu	ution YES	
A copy of the tertiary institution's fee schedule for 2025.	YES	
Copy of Parents recent payslip, letter of employment not older than 3 monotone both your parents or the person who supports you or your guardian. This types of employment including SASSA grants, retirement, life, disability of benefits paid in lump sums or in monthly payments.	s is for all	
If your parents or the person who supports you or your legal guardian are please provide a copy of the pension slip or bank statement showing pen payment.		
If your parents are divorced or separated, please provide statement deta maintenance order or please provide affidavit explaining the reasons.	iling YES	
If either of your parents does not live at home, please provide affidavit e reasons.	xplaining the YES	
If your parents or guardian is unemployed, please provide affidavit expla reasons.	ining the YES	
If you have a disability, please provide supporting documents (letter from acceptable)	n a doctor is YES	
Name of Applicant:	Date:	
	Receipt No:	
	(Office Use)	



- ↑ Ithala Trade Centre, 2nd and 3rd Floors
 29 Canal Quay (Signal) Road, Durban 4001

 -29,870129, 31.050016

 Shop 1A, uShaka Marine World 1 Bell Street, Durban 4001

 PO 8ox 2516, Durban 4000, South Africa

 +27 (0) 31 366 5500, King Shaka Airport Office: +27 (0) 32 436 0013

 V&A Cape Town Office: +27 (0) 21 418 1684, uShaka Marine World: +27 (0) 31 337 8099

 Customer Care: 0860 101 099

 +27 (0) 31 305 6693,

 info⊚zulu.org.za

SECTION A: YOUR DETAILS				
PLEASE FILL IN DETAILS AS PER YOU	R ID DOCUMENTS			
(Tick the appropriate boxes)				
Surname:		First names:		
Date of Birth:		ID Number:		
Gender:	MALE	FEMALE		
Do You Have a Disability? Specify:	YES	NO		
Race:	AFRICAN	INDIAN	COLOURED	WHITE
	Home address)			
Address:		City:		
Province:		Postal Code:		
HOME ADDRESS (Physical) (PROVID	E PROOF OF ADDRE	ESS)		
Address:		City:		
		Postal		

Code:

Province:



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SECTION B: PARENT/FAMILY MEMBER /GUARDIAN DETAILS: PLEASE FILL IN FOR ALL PARENTS OR **GUARDIANS IN THE HOUSEHOLD**

FIRST PARENT OR GUARDIA	AN				
PLEASE FILL IN DETAILS AS (Tick the appropriate boxes		OCUMENTS			
Surname:		F	irst names:		
Date of Birth:		II	D Number:		
Source of Income:	SAL	ARY P	PENSION	CHILD SUPPORT/GRANT	OTHER (Please Specify below)
Other Source of Income Explanation:					below)
Annual Income Amount:					
Contact Details (Parent))					
Home:		c	Cell:		
Email:					
Address:					
CONTACT DETAILS					
Home:		c	Cell:		
Email:					



SECTION C : ACADEMIC RECORD

- ↑ Ithala Trade Centre, 2nd and 3rd Floors
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Course applied for / current study:	Institution:				
			_		
MATRIC RESULTS Year:			Name of Scl	nool	
Subjects Taken		Matric Mid-year	Matric Final		Level
Name of Tertiary Institution:		Year II		Year o	of Study: Year III
Year 1		Year II			Year III
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(Explain why you chose this field of study and why we should award you a bursary. You may attach an additional sheet if you require more space. (Include Details of achievements / Academic prizes or awards – if any)

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SECTION E: DECLARATION

(This is to confirm that all the information above is correct. If you are under 18 years old, parent/guardian must co-sign)

I declare that the information provided herein, and any supporting documentation appended in this application is accurate.

Name of Applicant:
Signature of applicant:
Date:
Name of Parent/Guardian:
Signature of Parent/Guardian:
Date:

All applications should be sent to KwaZulu-Natal Film Commission by:

Email: bursary@kznfilm.co.za

Kindly note that 31 October 2024 is the closing date for applications for the KwaZulu-Natal Tourism and Film **Authority Bursary scheme.**

Correspondence will only be entered into with shortlisted candidates.