



## MASTER BUILDERS ASSOCIATION DEVELOPMENT TRUST BURSARY APPLICATION FORM FOR STUDY IN THE ACADEMIC YEAR 2024

### NOTES AND INSTRUCTIONS

PLEASE READ THESE NOTES AND INSTRUCTIONS BEFORE COMPLETING THIS APPLICATION FORM.  
BE SURE TO READ EVERY SECTION AND ENSURE THAT THE INFORMATION YOU PROVIDE IS CORRECT.

1. Incomplete application forms will not be considered.
2. Closing date for applications is the **19<sup>th</sup> January 2024**.
3. Bursaries will only be allocated for the year in which the application is made.
4. Most recent academic records must be submitted with this application.
5. All documents attached in support of the application need to be certified copies - not originals.
6. It is the applicant's responsibility to apply for entrance to a tertiary institution situated in the **Western Cape**.
7. Bursaries are for **one-year, renewable subject to application criteria being met**.
8. Bursary fees will be paid in 2 tranches to the approved Bursar's learning institution.
  - a. The first tranche is paid upon approval and the 2<sup>nd</sup> is subject to a mid-year academic performance review with MBADT Trustees and paid after performance meeting.
9. Funding is only available for the cost of annual tuition fees at an amount determined by the Trust.
10. Successful candidates will be advised by **12<sup>th</sup> February 2024** (the final decision will be subject to clause 6).
11. Successful candidates must advise the Training Officer within 3 working days of their acceptance or decline of funding offer.
12. The Bursary recipient remains responsible to provide the latest statement/invoice before payment is made to the institution.
13. If you have not been contacted by 12<sup>th</sup> February 2024, consider your application unsuccessful.
14. Please send completed application form to **benjamin@mbawc.org.za**

### CRITERIA FOR CONSIDERATION:

1. Only SA citizens who completed their basic education in schools in jurisdiction of the Western Cape will be considered.
2. Bursaries are only for students wishing to pursue a career in the disciplines attached (Section B) and who do not qualify for NSFAS funding, or any other bursary fund or support from a SETA (CETA).
3. The Affidavit attached to this application must be completed to confirm that the income of the parents/guardian is between R350 000 – R600 000 per annum.
4. Preference will be given to applicants who are family members or employees of an Master Builders Association Western Cape member company.
5. Preference will be given to applicants already employed by a member company compliant with the BIBC benefit system for a minimum uninterrupted period of 24 months.
6. Should information requested not be submitted with the application it will be rejected unless we are advised of a delay in the submission of any document required.
7. No age limit applies.



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CURRENT BURSARY RECIPIENTS TO COMPLETE SECTIONS A, B, C & F ONLY.

**SECTION A PERSONAL DETAILS**

ID													
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Last Name:	First Name:
Residential Address:	Postal Address:
Code:	Code:
Email:	Cell No:
	Home Tel No:

**SECTION B QUALIFICATION INFORMATION**

Please indicate (X) the qualification you wish to receive funding for:

University Degree Qualification	University of Technology National Diploma <small>**Non NSFAS FOCUS</small>
1. BSc Civil Engineering	1. Diploma: Construction (Extended)
2. BSc Construction Studies	2. Diploma: Construction
3. BSc (Hons) in Construction Management	3. Advanced Diploma: Construction
4. BSc (Hons) in Quantity Surveying	4. Advanced Diploma: Quantity Surveying
5. MSc in Project Management	5. Advanced Diploma: Construction Health & Safety
6. Masters studies – subject to motivated application.	6. Master of Construction
7. Other – please detail below	7. Other – please detail below

**\*\* All the courses above need to be supported by an Affidavit – see Addendum B**

Please indicate in box below intended year of study

1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	Other (Explain)
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Applicants must be accepted for full time study in 2024.

EXPECTED ANNUAL TUITION ONLY COSTS R \_\_\_\_\_

**SECTION C DOCUMENTATION**

**IMPORTANT!**

The following documentation *must accompany this application*

- ID Document – **certified copy**
- Proof of last results – **SOR (Statement of Results)**
- Proof of acceptance from Institution – **Acceptance Letter/Student Number proof**
- Affidavit – **Signed and submitted as part of funding application – see Addendum B**
- Motivation Letter – **see Addendum A for further information**

**Failure to provide the above requirements will lead to disqualification from the process.**



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**SECTION D MBAWC RELATIONSHIP**

ARE YOU OR ANY FAMILY MEMBER AN EMPLOYEE OF AN MBAWC MEMBER?

If yes kindly provide the following details:

Name of Person employed by MBAWC Employer:	Name of MBAWC Employer
No. of years employed by Company:	Relationship to Bursary Recipient:

**SECTION E EMPLOYER DETAILS (IF APPLICABLE)**

NAME OF EMPLOYER of the Applicant:
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**SECTION F OTHER FUNDING**

HAVE YOU APPLIED FOR ANY OTHER FUNDING?

Please indicate (X) in appropriate box?

No	Yes
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If yes, please submit full details of the organisation where you made the application – non-disclosure will result in disqualification from the application process.


<b>APPLICATIONS are to be posted/delivered to:</b> The Training & Development Officer MBA Development Trust PO Box 382 Rondebosch 7701	<b>Hand delivered/Emailed to:</b> The MBAWC Office Belmont Square Belmont Road Rondebosch <b>Att: Benjamin Zantsi</b> <b>benjamin@mbawc.org.za</b>
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I hereby declare that all information provided in this form and the included documents is true and accurate. Incorrect information may disqualify applicants from the process.

I hereby grant MBADT the permission to use my photos for promotional use on the MBAWC website and other related MBAWC publications.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_



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ADDENDUM A

## **MOTIVATIONAL LETTER**

**Include the following in your Motivational Letter to accompany your application:**

- **Are there any particular factors that motivated you to choose the built environment line of study?**
- **What makes you a good candidate for a bursary from Master Builder Association Western Cape?**
- **Where do you see yourself in the future (i.e. where do you want to be)?**
- **You may also include any other interesting information you wish to share.**



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**AFFIDAVIT**

ADDENDUM B

**STATEMENT UNDER OATH**

I \_\_\_\_\_ (FULL NAME) states in English under oath:

I am (B) (C) (I) (W) Male / Female with ID number: \_\_\_\_\_

I am \_\_\_\_\_ years old.

1. I reside at the following address:

Residential Address	Postal Address
Postal Code:	Postal Code:

2. I am employed at the following Company:

Company name	Company Address
Tel no:	
E-mail Address:	Postal Code:

3. I \_\_\_\_\_ confirm that I have applied for a bursary for *myself/my child/ward* (delete whichever not applicable) from the MBA Development Trust/MBAWC as from \_\_\_\_\_.

4. I hereby confirm that I/my child/ward am/is (delete whichever not applicable) not receiving any other bursary assistance\* pertaining to the same area of studies that I/my child/ward am/is (delete whichever not applicable) receiving from the MBA WC. \*This includes any form of funding from NSFAS, SETA, any other State funding, bursary from any other donor or free education in terms of National Policy.

5. I further state that to the best of my knowledge, I/my parents/legal guardians (delete whichever not applicable) earn a combined income in excess of R350 000.00, but not more than R600 000.00 per annum.

6. I am aware that should it be ascertained that I/my child/ward am/is (delete whichever not applicable) the recipient of an additional bursary or funding, that I/my child/ward am/is (delete whichever not applicable) in contravention of the bursary criteria of the MBAWC and will be liable to refund the MBAWC all money that was paid out by the MBAWC in relation to the bursary.

7. I know and understand the contents of this statement. I have no objection to taking the prescribed oath. I consider the prescribed oath to be binding on my conscience.

SIGNED \_\_\_\_\_

FULL NAME OF PERSON SIGNING STATEMENT

DATE: \_\_\_\_\_

**Completion by Commissioner of Oaths**

I certify that this statement was made by the deponent and that the deponent has acknowledged that he/she knows and understands the contents thereof. The statement was sworn to before me and the deponent's signature placed thereon in my presence at \_\_\_\_\_ on \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ at \_\_\_\_\_ h \_\_\_\_\_.

\_\_\_\_\_  
COMMISSIONER OF OATHS