



**WELCOME TO THE DORPER WIND FARM'S (DWF)
INKQWITHELO ZOTSHINTSHO BURSARY APPLICATION FORM
FUNDING ASSISTANCE FOR THE 2026 ACADEMIC YEAR**

Dear Applicant

Please read the instructions before completing the application form.

APPLICATION FORMS MUST BE RETURNED ON OR BEFORE 30 NOVEMBER 2025.

Please complete the application form thoroughly using BLACK INK and in BLOCK LETTERS. Send it to:
Community.Development@dorperwindfarm.ac.za

NB: The subject of your email should read: "Bursary Application-FET/TVET College"

1. INSTRUCTIONS FOR THE SUBMISSION OF APPLICATION FORMS

- DORPER WIND FARM'S will only consider your application if you have completed the form in full, and if the items mentioned below, as and where applicable, have been included with your application.
- Priority is given to learners wishing to pursue teaching, engineering, science, trades, and related careers.
- Prospective students are able to apply for this bursary during the Grade 12 year.

2. CHECKLIST OF DOCUMENT+S/ITEMS TO BE INCLUDED WITH YOUR APPLICATION FORM

- A certified copy of your South African identity document.
- Your most recent academic transcript:
 - 50% in three compulsory vocational modules if you are currently studying at college.
 - Applicants currently in grade 12 must achieve a minimum academic average of 50% in subjects relevant to the qualification you intend to pursue at the college level.

- Proof of residential address
- Certified ID copies of parents/Guardian. If parents are deceased include certified copies death certificate.
- Proof of Parent/Guardian income (if unemployed attach affidavit)
- Provisional acceptance letter from the institution through which you wish to enrol
- Two testimonials: One from the school principal and one from a community leader (for example a teacher, pastor, business leader, leader of a civil society organization)
- Letter of motivation (min. 700 – max 1000 words). The letter should detail why you deserve the bursary, your plan for your career, and how you intend contributing to the development of Molteno and Sterkstroom once you have qualified.

Certified copy of your Identity Document		Year of Matriculation	
Your Curriculum Vitae/Resume		Proof of Registration (Tertiary students)	
Certified proof of your results (Gr. 11 Final and latest Gr. 12 results)		Full details of your academic transcript (Tertiary students)	
Proof of Residence (Letter from Traditional Leader/Local Ward Councilor/RBN Councillor)		Acceptance letter from a Tertiary Institution	
Residential Area (Home)		Gender	M F O Unspecified
Name of High School Attended		Race	A C W I Unspecified

For office use only:

3. SELECTION CRITERIA

- Consideration will be given to candidates from previously disadvantaged backgrounds and people with disability who are South African citizens.

- We will consider applications from learners residing in the communities of Molteno or Sterkstroom.
- You must have a proven financial need, as determined by household income.
- You must not have been issued other bursaries.
- You must articulate your intentions for the future in descriptive essay

THE AWARD OF A BURSARY DOES NOT GUARANTEE EMPLOYMENT AT DORPER

SECTION 1: APPLICANT'S INFORMATION

ID No.		GENDER	M	F
SURNAME		FIRST NAME(S)		
DATE OF BIRTH		CELLPHONE NUMBER		
POSTAL ADDRESS		RESIDENTIAL ADDRESS		
EMAIL				
ADDRESS				
POPULATION GROUP	INDIAN	COLOURED	AFRICAN	WHITE

SECTION 2: APPLICANT'S STUDY DETAILS

HIGHEST QUALIFICATION ALREADY OBTAINED (e.g. Matric/Grade 12 or N4)				
WHEN DID YOU/WILL YOU MATRICULATE? (e.g. 2020, 2024)		HAVE YOU INCLUDED YOUR MATRIC CERTIFICATE?	NO	YES
HAVE YOU INCLUDED YOUR JUNE/LATEST MATRIC RESULTS?	NO	YES	NAME OF SCHOOL	
TYPE OF INSTITUTION WHERE YOU INTEND STUDYING				
NAME OF QUALIFICATION				
NAME OF INSTITUTION				

<p>PROVIDE YOUR STUDENT NUMBER IF YOU HAVE ONE (REMEMBER TO ATTACH YOUR UNIVERSITY ACCEPTANCE FORM)</p>	
<p>MENTION ANY OTHER BURSARIES YOU HAVE APPLIED FOR AS WELL AS ANY BURSARY GRANTS THAT HAVE ALREADY BEEN CONFIRMED OR STUDENT AID (I.E NSFAS)</p>	

SECTION 3: PARENT/GUARDIAN'S DETAILS

TITLE (Mr./Mrs./Ms.)		SURNAME	
FIRST NAME(S)		ID NO.	
NATURE OF RELATIONSHIP		CELL NO.	
EMAIL			
RESIDENTIAL ADDRESS			
OCCUPATION			
NAME OF EMPLOYER (IF EMPLOYED)			
JOINT FAMILY INCOME PER YEAR			



SECTION 5: APPLICANT'S DECLARATION

I.....(FULL NAME
APPLICANT/GUARDIAN).....(ID NO.) declare that I am aware
and understand the selection criteria. I further declare that the information supplied in this
application is, to the best of my knowledge, true and correct. I understand that any false
information will result in automatic disqualification.

SECTION 6: SIGNATURE

Signed at _____ on _____ day of _____ 2025

Applicant

Guardian (if under 18 years of age)

CLOSING DATE: 30 November 2025

Applications will not be accepted after the closing date.

**If you have not been contacted within one (1) month after the closing date, please
accept that your application was unsuccessful.**