



# Institute of Municipal Engineering of Southern Africa

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 3630  
 SOUTH AFRICA

IMESA House  
 2 Derby Place  
 Westville  
 DURBAN, 3629

## IMESA BURSARY SCHEME

### BURSARY SCHEME B

#### DEPENDANTS OF IMESA MEMBERS ONLY

#### 1. OBJECTIVE OF THE BURSARY SCHEME

The aim of the Institute of Municipal Engineering of Southern Africa's (IMESA) Bursary Scheme is:-

##### Dependants

- (i) To recognise the achievements of students and prospective students who are children of members belonging to IMESA (i.e., Members with a membership period of five (5) years or longer).
- (ii) To provide for the TUITION FEES and BOOKS of the student up to a maximum of R50 000.00.

#### 2. THE ALLOCATION OF BURSARIES

Bursaries will be granted at the discretion of the Executive Committee of IMESA to students who: -

- (i) are studying for a Civil Engineering degree, or a qualification in a field that falls under infrastructure engineering
- (ii) are studying full time at any ECSA accredited tertiary educational institution in South Africa, and
- (iii) have successfully completed 1st year studies

#### 3. GENERAL INFORMATION

The following important conditions will apply to the allocation of bursaries:

- (i) The amount per bursary to be awarded and the overall bursary budget limit is assessed annually. For the 2023 study year, the maximum per bursary student is R50,000.00
- (ii) The relevant bursary amount shall be paid within 60 days of receipt of statement from the tertiary institution or as otherwise agreed upon between the student and the authorised representative of IMESA as delegated by The Executive Committee
- (iii) Bursary applications must be received by IMESA before 15 September the year proceeding the intended year of study
- (iv) The prescribed application forms must be used, and can be obtained from:
 

**The Admin Officer:**  
 IMESA  
 P O Box 2190  
 Westville  
 3630

**Tel/Fax:** + 27 (0) 31 266 5094  
**E-mail:** [bursaries@imesa.org.za](mailto:bursaries@imesa.org.za)  
**Website:** [www.imesa.org.za](http://www.imesa.org.za)
- (v) Incomplete or late application forms, as well as application forms that are not accompanied by the required substantiating documentation, will not be considered, and will be disqualified.
- (vi) Bursaries awarded by other Institutions must be declared and will be taken into consideration, prior to the awarding of the IMESA Bursary.
- (vii) All application forms should be accompanied by an undersigned statement from the University, declaring the student's academic progress.
- (viii) IMESA will not be responsible for the employment of any student after the completion of his/her studies but will request the student to take up a career in Local Government.
- (ix) All bursary applications must be accompanied by an affidavit declaring their parents' monthly income, as well as the student's financial situation.
- (x) No bursary will be allocated retrospectively.
- (xi) No bursary will be allocated for practical training.



## APPLICATION FORM

Application for a Bursary in Civil Engineering or any other Engineering Discipline as approved by the Executive Council of IMESA.

**CLOSING DATE 15 SEPTEMBER 2023**

| BURSARY APPLICANT DETAILS                   |        |                          |                      |                          |                  |                          |          |                          |         |
|---------------------------------------------|--------|--------------------------|----------------------|--------------------------|------------------|--------------------------|----------|--------------------------|---------|
| NAME(S) & SURNAME                           |        |                          |                      |                          |                  |                          |          |                          |         |
| ID NUMBER:                                  |        |                          |                      |                          |                  |                          |          |                          |         |
| BIRTH DATE:                                 |        |                          |                      |                          | GENDER:          |                          |          |                          |         |
| CONTACT DETAILS:                            | TEL:   |                          |                      |                          | MOBILE:          |                          |          |                          |         |
|                                             | FAX:   |                          |                      |                          | EMAIL:           |                          |          |                          |         |
| MARITAL STATUS:                             | Single | <input type="checkbox"/> | Married              | <input type="checkbox"/> | Separated        | <input type="checkbox"/> | Divorced | <input type="checkbox"/> | Widowed |
| HOME LANGUAGE:                              |        |                          |                      |                          |                  |                          |          |                          |         |
| POSTAL ADDRESS:                             |        |                          |                      |                          |                  |                          |          |                          |         |
|                                             |        |                          |                      |                          |                  |                          |          |                          |         |
|                                             |        |                          |                      |                          |                  | CODE:                    |          |                          |         |
| PHYSICAL ADDRESS                            |        |                          |                      |                          |                  |                          |          |                          |         |
|                                             |        |                          |                      |                          |                  |                          |          |                          |         |
|                                             |        |                          |                      |                          |                  | CODE:                    |          |                          |         |
| CURRENT AND/OR PREVIOUS BURSARY INFORMATION |        |                          |                      |                          |                  |                          |          |                          |         |
| IMESA Bursary Recipient?                    | YES    | NO                       | Amount of Bursary    |                          | R                | Year                     |          |                          |         |
| Other Bursary recipient?                    | YES    | NO                       | Name of Organisation |                          |                  |                          |          |                          |         |
|                                             |        |                          | Amount of Bursary    |                          | R                | Year                     |          |                          |         |
| STUDY DETAILS                               |        |                          |                      |                          |                  |                          |          |                          |         |
| NAME OF PRESENT SCHOOL:                     |        |                          |                      |                          |                  | GRADE:                   |          |                          |         |
| TERTIARY INSTITUTION APPLIED TO:            |        |                          |                      |                          |                  | ACADEMIC YEAR:           |          |                          |         |
| EXPECTED QUALIFICATION:                     |        |                          |                      |                          |                  |                          |          |                          |         |
| DATE COMMENCED:                             |        |                          |                      |                          | COMPLETION DATE: |                          |          |                          |         |

\* NOTE: All applicants must attach a certified copy of their mid-year results.



| APPLICANT EMPLOYMENT HISTORY     |  |  |  |                      |  |  |  |                     |  |          |  |           |  |        |  |           |  |  |  |                 |  |  |  |
|----------------------------------|--|--|--|----------------------|--|--|--|---------------------|--|----------|--|-----------|--|--------|--|-----------|--|--|--|-----------------|--|--|--|
| EMPLOYERS NAME                   |  |  |  | DATE OF COMMENCEMENT |  |  |  | DATE OF TERMINATION |  |          |  | SALARY    |  |        |  |           |  |  |  |                 |  |  |  |
| 1                                |  |  |  |                      |  |  |  |                     |  |          |  |           |  |        |  |           |  |  |  |                 |  |  |  |
| 2                                |  |  |  |                      |  |  |  |                     |  |          |  |           |  |        |  |           |  |  |  |                 |  |  |  |
| 3                                |  |  |  |                      |  |  |  |                     |  |          |  |           |  |        |  |           |  |  |  |                 |  |  |  |
| PARTICULARS OF PARENT / GUARDIAN |  |  |  |                      |  |  |  |                     |  |          |  |           |  |        |  |           |  |  |  |                 |  |  |  |
| IMESA MEMBERSHIP NO.             |  |  |  |                      |  |  |  | MEMBER OF:          |  | EXCO     |  | Council   |  | Branch |  |           |  |  |  |                 |  |  |  |
| NAME(S) & SURNAME                |  |  |  |                      |  |  |  |                     |  |          |  |           |  |        |  |           |  |  |  |                 |  |  |  |
| RELATIONSHIP                     |  |  |  | Father               |  |  |  | Mother              |  |          |  | Guardian  |  |        |  |           |  |  |  |                 |  |  |  |
| ID NUMBER:                       |  |  |  |                      |  |  |  |                     |  |          |  |           |  |        |  |           |  |  |  |                 |  |  |  |
| BIRTH DATE:                      |  |  |  |                      |  |  |  | GENDER:             |  |          |  |           |  |        |  |           |  |  |  |                 |  |  |  |
| CONTACT DETAILS:                 |  |  |  | HOME:                |  |  |  |                     |  | MOBILE:  |  |           |  |        |  |           |  |  |  |                 |  |  |  |
|                                  |  |  |  | WORK:                |  |  |  |                     |  | EMAIL:   |  |           |  |        |  |           |  |  |  |                 |  |  |  |
| MARITAL STATUS:                  |  |  |  | Single               |  |  |  | Married             |  |          |  | Separated |  |        |  | Divorced  |  |  |  | Widowed         |  |  |  |
| INCOME                           |  |  |  |                      |  |  |  |                     |  |          |  |           |  |        |  |           |  |  |  |                 |  |  |  |
| EMPLOYMENT STATUS                |  |  |  | Unemployed           |  |  |  | Temp                |  |          |  | Contract  |  |        |  | Permanent |  |  |  | Other (Specify) |  |  |  |
| ORGANISATION                     |  |  |  |                      |  |  |  | MONTHLY INCOME      |  |          |  |           |  |        |  |           |  |  |  |                 |  |  |  |
| COMMUNITY INVOLVEMENT            |  |  |  |                      |  |  |  |                     |  |          |  |           |  |        |  |           |  |  |  |                 |  |  |  |
| CULTURAL ACTIVITIES:             |  |  |  | Name of Association  |  |  |  |                     |  | Activity |  |           |  |        |  |           |  |  |  |                 |  |  |  |
|                                  |  |  |  | 1                    |  |  |  |                     |  |          |  |           |  |        |  |           |  |  |  |                 |  |  |  |
|                                  |  |  |  | 2                    |  |  |  |                     |  |          |  |           |  |        |  |           |  |  |  |                 |  |  |  |
|                                  |  |  |  | 3                    |  |  |  |                     |  |          |  |           |  |        |  |           |  |  |  |                 |  |  |  |
| SPORTING ACTIVITIES:             |  |  |  | Name of Association  |  |  |  |                     |  | Activity |  |           |  |        |  |           |  |  |  |                 |  |  |  |
|                                  |  |  |  | 1                    |  |  |  |                     |  |          |  |           |  |        |  |           |  |  |  |                 |  |  |  |
|                                  |  |  |  | 2                    |  |  |  |                     |  |          |  |           |  |        |  |           |  |  |  |                 |  |  |  |
|                                  |  |  |  | 3                    |  |  |  |                     |  |          |  |           |  |        |  |           |  |  |  |                 |  |  |  |

**All students applying for an IMESA Bursary MUST submit affidavits in support of the above information.**

| DECLARATION                                                                              |  |
|------------------------------------------------------------------------------------------|--|
| I hereby declare that the above particulars contained in this application form are true. |  |
| Signed on this _____ day of _____ 2023                                                   |  |
| Signature of Applicant: _____                                                            |  |
| Signature of Parent if applicant is under the age of 21: _____ Date: _____               |  |