

VHEMBE DISTRICT MUNICIPALITY MAYORAL BURSARY

EXECUTIVE MAYOR'S BURSARY FUND

SECTION A: PERSONAL DATA

1. Name of Applicant
2. Physical address:
3. Postal address
Code
4. Name of local municipality
5. Ward Number
6. Cell Number
7. Fax Number
8. Nationality
9. Gender
10. Date of birth
11. Identity number
12. Disabilities (specify if any)

SECTION B: DETAILS OF FAMILY BACKGROUND

13. Details of parents
Name of Mother
Name of Father
Name of Mother's employer
Name of Fathers, and are a
Name of Father's employer
Mother's Contact no.
Father's Contact no.
14. Details of Guardian
Name of guardian
Name of guardian's employer
Overalism's contest to
Guardian's contact no.
15. Briefly describe your financial status
SECTION C: ACADEMIC HISTORY
16. Name of secondary school / Tertiary Institution

17. Address of school / Institution				
Code				
18. Telephone number of school	/ Institution			
19. Name of school principal / Re	ector			
20. List subjects passed with rele	vant marks / symbo	ıls		
SUBJECTS	GRADE	SYMBOL		

SECTION D: QUALIFICATION TO BE STUDIED

21. Type of Qualification (DIPLOMA & BACHELOR (Bsc) (B. Administration, Hydrology and Water Management, Environmental/Disaster/ Waste Management, Regional and Town Planning, Engineering/Civil/Electrical/Mining/Mechanical/Chemical , Economics and Business Management / Tourism/ Agriculture/Information Technology.
22. Name of Institution
23. Name and number of subjects / modules
24. Duration of the course
25. Cost of the course
26. Starting date
27. Explain how this course will help you accomplish your goals for the future
NB: The decision of the selection committee is final and no correspondence will be

entered into. Successful candidates will be required to sign a contract. Correspondence will only be entered into with successful students.

SECTION E: DECLARATION				
1. Name of Applicant				
Signature				
Date				
I declare that the information supplied in this application is to the best of my true and correct. I understand that any false information will automatically disfrom being part of the learnership project.	•			
NAME OF APPLICANT				
SIGNATURE				
DATE				
10 Annexure B: Declaration				
OATH OF SECRECY				
13. I with	ıID			
14. NO hereby swears that:				
15. I will not either directly or indirectly divulge or disclose to anyone or be a divulging or disclosing of information which has been in any way acquired by me with the discharge of duties imposed upon or entrusted to me by virtue of the off holding except when I shall be required to do so in the course of my duty or h	in connection			

competent Court of Justice and I will in all matters observe secrecy with regard to everything.

will accordingly apply its disciplinary policies to deal with the transgression.

16. If I am found to have divulged or disclosed any information, the Vhembe District Municipality

17. I know and understand the contents of this declaration. I have no objection to the prescribed Oath. I consider the prescribed Oath to be binding on my conscience.	taking the
18. Signature of declarant:	
19. Thus done and sworn before me at Thohoyandou on this2015	_ day of
20. To be completed by the Chairperson	
21. FULL NAME(S) AND SURNAME	
22. SIGNATURE	
23. DATE	
24. Thus done and sworn before me at Thohoyandou on this2015	_ day of