

CAPE WINELANDS DISTRICT

MUNICIPALITY • MUNISIPALITEIT • UMASIPALA

STELLENBOSCH KANTOOR / OFFICE ALEXANDERSTRAAT 46 ALEXANDER STREET POSBUS 100 / P.O. BOX 100 7600 / 7599 WEBSITE: <u>www.capewinelands.gov.za</u> WORCESTER KANTOOR / OFFICE TRAPPESSTRAAT 51 TRAPPES STREET POSBUS 91 / P.O. BOX 91 6850 / 6849 TEL NO: (023) 348 2335

MAYORAL BURSARY FUND APPLICATION FORM (2017 ACADEMIC YEAR) CLOSING DATE: 28 OCTOBER 2016

(PLEASE NOTE: This form must be completed in the own handwriting of the applicant)

				PAI	rt /	4: P	ERS	ONA	L PA	RTIC	ULA	RS								
SURNAME											TIT	ĽΕ	MR		Ν	IRS		MI	SS	
FIRST NAME	S																			
IDENTITY NUMBER														AGE						
(Attach an o	riginally ce	rtified o	copy of	you	r id	entit	y do	cume	ent)	DA	TE C	DF BI	RTH							
For the purp	pose of mo	nitoring	g empl	oym	ent	equ	ity ir	n terr	ns of	bur	sarie	es, it	would	d be	appr	ecia	ted if	f yoι	ı w	ould
provide info	rmation reg	jarding	your ra	ace,	gen	der	and	disak	oility.									-		
GENDER	MALE		FEMAL	.E			DIS	SABIL	ITY (Plea	se sj	pecify	()							
RACE	ASIAN		AFRIC	AN			CO	LOU	RED			WH	IITE			01	HER	2		
PERMANEN				· C																
				-																
(Attach prod address)	or or perm	anenti	residen	liai																
auuressj					PC	DST/	AL C	ODE												
ADDRESS AT WHICH YOU CAN BE CONTACTED AT ALL TIMES																				
					PC	DST/	AL C	ODE												
PERMANEN	T ADDRES	SIFD	IFFERE	NT																
FROM RESI	DENTIAL A	DDRES	S																	
			POSTAL CODE																	
HOME TELEPHONE NUMBER			CELLULAR NUMBER						ALTERNATIVE NUMBER											
ANY RELAT	IONSHIP W	ITH AN	EMPL	OYE	E(S)) OF	THE	CAP	PE WI	NEL		s dis	TRIC	T ML	JNICI	PALI	TY			
EMAIL ADD	RESS																			
YES	NO			1.																
IF YES, NAM				2.																
ANY RELATIONSHIP WITH A COUNCILLOR(S) OF THE CAPE WINELANDS DISTRICT MUNICIPALITY																				
YES	NO			1.																
IF YES, NAM	IE OF COU	NCILLO	DR(S)	2.																

PART B: HOUSEHOLD CIRCUMSTANCES										
MONTHLY HOUSEHOLD IN	СОМЕ									
(Attached originally certified	d true copies of payslips of a	t least three (3) months or swo	rn affidavits)							
R0 – R2,500	R2,501 – R5,000	R5,001 – R7,500	R7,501 – R10,000							
R10,001 – R12,500	R12,501 – R15,000	R15,001 – R17,500	R17,501 and more							
STATE NUMBER OF PERSO	ONS DEPENDANT ON THE MO	ONTHLY HOUSEHOLD								
INCOME										
	PART C: COMPULSORY ED	UCATIONAL INFORMATION								
SUBJECTS OF HIGHEST ST	ANDARD PASSED		SYMBOLS OBTAINED							
(Attach originally certified t	rue copy of results)									
	POST SCHOOL O	QUALIFICATIONS								
NAME OF INTITUTION										
STUDY COURSE										
SUBJECTS ALREADY PASS	SED	YEAR IN WHICH SUBJECTS WERE PASSED								
(Attach originally certified t	rue copy of results)									
	PART D: BURSA	RY PARTICULARS								
CHOICES ONLY APPLICAB	LE ON 1 ST YEAR STUDENTS	1 ^{s⊤} CHOICE	2 ND CHOICE							
STUDY COURSE BURSARY	IS APPLIED FOR									
DURATION OF STUDY COU	RSE									
TOTAL ANNUAL ESTIMATE	D STUDY FEES	R								
STUDENT NUMBER		ACADEMIC YEAR								
STODENT NOWIDER		(e.g. 1 st or 2 nd)								
STUDY COURSE ENROLLE										
NAME OF EDUCATIONAL IN										
REGISTRATION COST (atta		R								
CLASS/TUITION FEES (atta		R								
COST OF STUDY MATERIA		R								
EXAMINATION FEES (attack	h proof)	R								
TOTAL COST		R								
	SUBJECTS ENR	OLLED FOR 2017								
1.		2.								
3.		4.								
5.		6.								
7.		8.								

PART E: GENERAL INFORMATION											
HAVE YOU RECEIVED A BURSARY FROM THE CWDM IN THE PAST?									NO		
DO YOU RECEIVE A BURSARY AND / OR ASSISTANCE FROM ANOTHER INSTITUTION?									NO		
IF YES, STATE WHETHER IT IS A FULL BURSARY AND / OR ASSISTANCE									NO		
PLEASE MOTIVATE WHY YOU HAVE CHOSEN THIS STUDY COURSE:											
PART F: REFERENCES											
PLEASE PROVIDE THE NAMES OF TWO TEACHERS / LECTURERS / TUTORS TO WHOM YOU ARE WELL KNOWN											
AND WHOM THE CWDM MAY CONTACT:											
NAME					TELEPHONE						
NAME					TELEPHONE						
I (WE) CERTIFY THAT THE INFORMATION CONTAINED ON THIS FORM IS TRUE AND ACCURATE TO THE BEST											
OF MY KNOWLEDGE. I UNDERSTAND THAT THE SUBMISSION OF FRAUDULENT INFORMATION WILL LEAD TO										то	
AUTOMATIC DISQUALIFICATION AND/OR WITHDRAWAL OF ALL FINANCIAL ASSISTANCE GRANTED IN TERMS										MS	
OF THE MAYORAL BURSARY FUND, OR A CLAIM THAT ALL FEES BE PAID BACK TO THE CAPE WINELANDS										DS	
DISTRICT MUNICIPALITY. IN APPROPRIATE CASES, THE MATTER MAY ALSO BE REPORTED TO THE SOUTH											
AFRICAN POLICE SERVICE.											
					DATE						
SIGNATURE					DATE						
SIGNATURE OF G	UARDIAN				DATE						
(in the case of mir	nor)				DATE						

PLEASE NOTE THAT IN TERMS OF THE APPROVED MAYORAL BURSARY FUND POLICY OF THE CAPE WINELANDS DISTRICT MUNICIPALITY -

- The closing date for applications (28 October 2016) will be regarded as the date on which requirements as stipulated in the advertisement should be met by applicants.
- Originally-certified true copies of the following documents must be attached: Identity Documents, payslips of at least three (3) months or sworn affidavits, residential address and academic results (Grade 12 and post Grade 12 qualifications).
- Incomplete bursary applications which lack the required supporting documentation or late applications shall not be considered.
- Cape Winelands District Municipality shall not be held responsible for students not being registered, should the process, for any reason whatsoever, be delayed or withdrawn.
- Should Council be dissatisfied with a student's study performance based upon progress reports, it reserves the right to terminate any further payments and to disqualify such a student from future participation in the Mayoral Bursary Fund.
- Submission of fraudulent information will lead to automatic disqualification and/or withdrawal of all financial
 assistance granted in terms of the Mayoral Bursary Fund or a claim that all fees be paid back to the Cape
 Winelands District Municipality. In appropriate cases, the matter may also be reported to the South African
 Police Service.
- Students will be obliged to submit progress reports twice per year at the end of each semester.
- Students to whom participation in the Mayoral Bursary Fund have been granted will be obliged to sign a Study Agreement with the Cape Winelands District Municipality.