

GENERAL

IMPORTANT: PLEASE READ THE ACCOMPANYING INSTRUCTIONS AND COMPLETE THIS FORM CAREFULLY

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| 1 | <p>Furnish full details in block letters in the appropriate spaces below. To qualify for a bursary, please attach photocopies of the following documents:</p> |
| 2 | <p>PLEASE ATTACH THE FOLLOWING DOCUMENTS:</p> <ul style="list-style-type: none"> • Proof of Residence strictly from ward councilors or authorized traditional leaders. • Certified copy of ID document for parent(s), applicant and or legal guardian. • Acceptance Letter from the Institution of higher learning. • Applicant should not be a recipient of another full Bursary. • Original/certified copy of pay-slips/pension slips for both parents/ legal guardian/ (these should not be older than three (3) months) which indicate a combined Income for less than R200 000.00 per annum. • In the case of deceased parents, please attach certified death certificates. • If parents/guardian are self-employed, attach a copy of the latest financial statements (these should not be older than three (3) months). • If from single parent headed household please attach an affidavit indicating that the other parent (mother/father) is not contributing financially towards the applicant. • Certified copy of academic records/matric certificate/June results, whichever is the latest. • Applicant must intend studying on a full time basis. |
| <p>CLOSING DATE FOR SUBMISSION: 31 October 2016</p> <p>Completed forms should be submitted at 9th floor office no 908 or ground floor at the Civic Centre Cnr Landross Mare Street & Bodenstein Street, or they can be posted to P O Box 111 Polokwane 0700.</p> <p>Enquiries: Tel: 015 290 2211/2504</p> | |

PERSONAL DETAILS OF APPLICANT

Surname: _____

Full names: _____

ID number:

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Gender:

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|------|--|
| Male | |
|------|--|

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|------------|--|
| Femal e | |
|------------|--|

Race:

| | | | |
|---|---|---|---|
| A | W | I | C |
|---|---|---|---|

Disability:

| | |
|-----|----|
| Yes | No |
|-----|----|

Home Address: _____ Code: _____

Postal Address: _____ Code: _____

Contact Number: _____ Home: _____

Alternative Contact Number: _____

PARTICULARS OF PARENT(S)

NB: Please submit proof of current income (e.g. Latest salary advice or written proof from the employer).

PARENT(S)

Surname: _____

Full Name of Mother: _____

Home Address: _____

Occupation of Mother: (e.g. Teacher, Domestic worker, Pensioner) _____

Full Name and Surname of Father: _____

Postal Address: _____

Contact Number: _____ Work: _____

Occupation of Father: (e.g. Teacher, Domestic worker, Pensioner) _____

Total combined household income per annum: _____



PARENT SIGNATURE

DATE

PARTICULARS OF LEGAL GUARDIAN IN THE CASE OF DECEASED PARENT(S)

NB: Please submit proof of current income (e.g. Latest salary advice or written proof from the employer).

LEGAL GUARDIAN

Surname: _____

Full Name of Legal Guardian: _____

Home Address: _____

Postal Address: _____

Contact Number: _____ Work: _____

Occupation of Father: (e.g. Teacher, Domestic worker, Pensioner) _____

Total combined household income per annum: _____

LEGAL GUARDIAN SIGNATURE

DATE

EDUCATIONAL QUALIFICATIONS OF APPLICANT

A. HIGH SCHOOL EDUCATION

Grade passed: _____ School: _____

Year of Matric Examination: _____

Do you comply with the requirements for University/University
of Technology and or/FET admission? YES NO

If yes, have you already applied for admission to intended field of study?

B. TERTIARY INSTITUTION (INTENDED / PRESENT)

1. Name of Institution: _____

Degree/Diploma for which you enrolled or intended to: _____

Full-time study (state the year of study): _____

2. BURSARY OBLIGATIONS

Do you hold a bursary at present? _____

If so, furnish details:

Name of bursary: _____

- Name and address of the institution from which the bursary was obtained:

- Course: _____
- Year of study of bursary: _____

C. MOTIVATION

State circumstances that exist which qualifies you to be considered for this bursary:



THE FOLLOWING SECTION MUST BE COMPLETED IN THE PRESENCE OF A COMMISSIONER OF OATHS

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HEREBY DECLARE UNDER OATH THAT-

- i) The details supplied by me in the Application for Financial Assistance, is a true reflection of my position for 2017.
- ii) Should I be granted financial assistance by Polokwane Municipality-
 - I undertake to abide by Polokwane Municipality’s rules pertaining to the granting of financial assistance.
 - I understand that the bursary will not be renewed automatically and that a new application form must be submitted each year.
 - I agree that Polokwane Municipality’s External Bursary Committee retains the right to reduce the award if the amount exceeds the full prescribed University fees for that particular academic year.
 - I agree that no credit balance of Polokwane Municipality administered award will be refunded to me.
- iii) I hereby authorize the Polokwane Municipality to supply any Institution or Organization with any information pertaining to my financial and academic position as may be required by that Institution or Organization.
- iv) I understand that, should any relevant information be omitted or found to be incorrect, Polokwane Municipality shall withdraw the bursary.

Signed at on the Day of 20...

| | | |
|-----------------------------------------------------------------------------------------------------|--|------------------------------|
| Signature of Applicant: | | Commissioner of Oaths |
| Signature of Parent/ legal Guardian (if Applicant is under the age of 18 years): | | |
| Witness: | | |
| Witness: | | |

