



**O.R TAMBO DM BURSARY APPLICATION FORM FULL TIME STUDIES.**

**INSTRUCTION REGARDING BURSARY FORM**

- Use block letters to complete the form.
- Give concise answers and mark with X where Applicable and attach certified copies of the following:
  - Identity document(applicant, Parents or guardian)
  - Grade 12 certificate or latest results of current grade 12 results
  - Acceptance letter from any Tertiary public institution
  - Letter of Motivation(section of the Application form)
  - Proof of income
  - Academic record
  - Sworn Affidavit
  - Proof of residence from councillor
- The O.R Tambo Financial Academic Assistance strictly requires successful candidate to stay at University Residence and thereof must also be attached.

Where did you hear about the bursary?

Newspaper	Facebook	Friend	Online	Other(please Specify)
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O.R. TAMBO  
DISTRICT MUNICIPALITY

**1. PARTICULARS OF APPLICANT**

<b>Surname</b>				
<b>First Names</b>				
<b>Identity Number</b>				
<b>Date Of Birth</b>				
<b>Gender</b>		<b>Male</b>		<b>Female</b>
<b>Rece</b>	<b>African</b>	<b>Coloured</b>	<b>Asian</b>	<b>White</b>
<b>Disability</b>	<b>Yes</b>	<b>No</b>	<b>Specify Nature Of Disability</b>	
<b>Cell Phone Number:</b>		<b>Alternative No:</b>		
<b>Home Tell Number :</b>		<b>Fax No : :</b>		
<b>Email :</b>				
<b>Postal Address :</b>		<b>Physical Address :</b>		



O.R. TAMBO  
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### 1. PARTICULARS OF APPLICANT

**NB: Please Attach Latest Grade 12 Results, Grade 12 Certificate And Or Tertiary Results And Academic Record**

What Are You Doing This Year :	Grade 12	Full Time Tertiary	Gap Year	Unemployed
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Highest Qualification Obtained :

Name Of School You Currently Attending Grade 12 Or Where You Completed Grade 12 :

Name Of Tertiary Institution You Currently Registered At If You Have Commenced Your Tertiary Studies :

### 3. PROPOSED PROGRAMME FOR 2018

First Year Students 2018

First Choice :

Institution :	Campus :
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Second Choice :

Institution :	Campus :
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1<sup>st</sup>, 2<sup>nd</sup> And 3<sup>rd</sup> Year Students 2018 :

Name Of Qualification:

Institution	Campus :
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Student No :
NB : Attach certified copy of latest results and the academic record

**4. DETAILS OF PARENTS OR LEGAL GUADIAN AND FAMILY (LIVING WITH YOU)**

NB: Attach proof of income :payslip ,bank statement and grant receipt etc

Surname:		First Names :				
Cell Number :		Email :				
Relationship	Father		Mother		Legal Guardian	Other specify
Marital status	Married	Divorced	Single	Other specify:		
Employed	Yes	No	Pensioner	Yes	No	

Surname:		First Names:				
Cell Number :		Email :				
Relationship	Father		Mother		Legal Guardian	Other specify
Marital status	Married	Divorced	Single	Other specify:		
Employed	Yes	No	Pensioner	Yes	No	







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DISTRICT MUNICIPALITY**

**DECLARATION BY THE APPLICANT**

I hereby Declare that all the information provided (including any attachments) is complete and correct to the best of my knowledge. Understand that any false information supplied could lead to my Application being disqualified.

Applicant signature \_\_\_\_\_ Date : \_\_\_\_\_

**SEND COPLETED APPLICATIONS TO :**

**REGISTRY OFFICE**

O.R Tambo District  
Municipality House  
Nelson Mandela Drive

**POSTAL ADDRESS**

Private Bag X 6043  
UMTATA  
5099

**MUNICIPAL MANAGER**

Tel : 047 501 6400  
Fax: 047 532 6518  
Website: [www.ortambodm.gov.za](http://www.ortambodm.gov.za)