

APPLICATION FOR A BURSARY

P O Box 298 CAPE TOWN 8000

CITY OF CAPE TOWN AN EQUAL OPPORTUNITY EMPLOYER

PLEASE NOTE: This form must be completed in your own handwriting (PLEASE PRINT)				
A				
BURSARY PARTICULARS				
BURSARY APPLIED FOR (FIELD OF STUDY)				
FOR HOW MANY YEARS WILL YOU REQUIRE THE BURSARY?TOTAL DURATION OF COURSE				
NAME OF EDUCATIONAL INSTITUTION AT WHICH YOU ARE OR WILL BE STUDYING:				
В				
PERSONAL PARTICULARS				
SURNAME: (Block Letters)				
FIRST NAMES: (Block Letters)				
DATE OF BIRTH:				
IDENTITY NUMBER:				
NB: A certified copy of your identification document must be attached.				
FOR THE PURPOSE OF MONITORING EMPLOYMENT EQUITY IN TERMS OF BURSARIES, IT WOULD BE APPRECIATED IF YOU COULD PROVIDE INFORMATION REGARDING YOUR RACE, GENDER AND DISABILITY.				
PLEASE INDICATE WITH X				
Asian				
Male Female				
DISABILITY (PLEASE SPECIFY)				
PERMANENT RESIDENTIAL ADDRESS:				
POSTAL CODE:				
ADDRESS AT WHICH YOU CAN BE CONTACTED AT ALL TIMES:				
POSTAL CODE:				
POSTAL ADDRESS IF DIFFERENT FROM RESIDENTIAL ADDRESS:				
POSTAL CODE:				
TEL: Home (Code) No:				
CONTACT E-MAIL ADDRESS:				
NAME OF NEXT OF KIN:IDENTITY NUMBER OF NEXT OF KIN:				
RELATIONSHIP TO APPLICANT: TEL NUMBER OF NEXT OF KIN:				

HOUSEHOLD CIRCUMSTANCES Up to Up to Up to Up to Up to Above HOUSEHOLD GROSS ANNUAL INCOME R200 000 R300 000 R400 000 R500 000 R500 000 R100 000 (NB: Certified Documentary proof must be supplied) STATE NUMBER OF PERSONS DEPENDANT ON THE HOUSEHOLD ANNUAL INCOME: NAME OF PERSON WHO WILL STAND AND BE BOUND AS SURETY FOR THE BURSARY: HIS/HER POSTAL ADDRESS: POSTAL CODE: TEL: Home (Code)........No:TEL: WORK/ CELL No(Code) No: SURETY HOLDER'S **IDENTITY** NUMBER......SIGNATURE..... NB: A certified copy of the surety's identification document must be attached. D THE FOLLOWING EDUCATIONAL INFORMATION MUST BE GIVEN 1. PERSONS CURRENTLY DOING GRADE 12 SUBJECTS LAST EXAMINATION SYMBOLS OBTAINED NB: Certified copy of official proof of results from school/ institution must be attached 2. PERSONS WHO HAVE COMPLETED GRADE 12 MUST ATTACH CERTIFIED COPY OF THE CERTIFICATE 3. POST SCHOOL QUALIFICATION (a) SUBJECTS ALREADY PASSED NAME OF INSTITUTION: COURSE OF STUDY: **SUBJECTS** YEAR **NB:** Certified copy of proof of results must be attached (b) SUBJECTS PRESENTLY BEING STUDIED NAME OF INSTITUTION: COURSE OF STUDY: SUBJECTS **NB:** Certified copy of Proof of registration and recent results

must be attached

	EDUCATIONAL INFORMATION – Continued			
	SUBJECTS INTENDED TO BE STUDIED NEXT YEAR			
	NAME OF INSTITUTION:			
	COURSE OF STUDY:			
	COST FOR NEXT YEAR			
	SUBJECTS			
	E			
	GENERAL			
	HAVE YOU EVER RECEIVED A BURSARY? IF YES, GIVE DETAILS OF ANY OUTSTANDING BURSARY COMMITMENTS:			
`	WHAT WOULD YOU CONSIDER SPECIAL ACHIEVEMENTS OBTAINED TO DATE?			
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F HEALTH			
DO YOU HAVE ANY HEALTH PROBLEMS WHICH MAY INTERFERE WITH YOUR CHOSEN COURSE OF CAREER?			
G REFERENCES			
PLEASE GIVE THE NAMES OF TWO TEACHERS / LECTURERS / TUTORS TO WHOM YOU ARE WELL KNOWN, WHO WE MAY CONTACT.			
NAME:	TEL: (Code) No:		
	TEL: (Code) No:		
FORM OR IN CONNECTION WITH THIS E	MISLEADING INFORMATION FURNISHED ON THIS BURSARY APPLICATION BURSARY APPLICATION MAY RESULT IN REJECTION OF THE APPLICATION 'BY THE ORGANISATION IN THE WITHDRAWAL THEREOF AND RECOVERY		
SIGNATURE:	DATE:		
SIGNATURE OF GUARDIAN (in case of a	Minor):		

PLEASE NOTE

- All supporting documentation must be submitted
- No late applications will be considered
- Applications will not be acknowledged in writing and copies of supporting documents will not be returned