



O.R. TAMBO
DISTRICT MUNICIPALITY

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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1. PARTICULARS OF APPLICANT

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



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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
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 2019

First Year Students 2019	
First Choice :	
Institution :	Campus :
Second Choice :	
Institution :	Campus :
1st ,2nd And 3rd Year Students 2019 :	
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



5. OTHER FAMILY MEMBERS OF YOUR FAMILY WHO ARE DEPENDANT ON THE INCOME NOT MENTIONED ABOVE

Names	Relationship(brother, sister grandparents cousins)	Category(scholar, Student, Adult)	Type of Income (self-employed, grant, wages, pension Etc)	Income (per Month)



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6. MOTIVATE WHY YOU MUST BE CONSIDERED FOR BURSARY(IN NO MORE THAN 350 WORDS)



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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

