

HESSEQUA MUNICIPALITY
APPLICATION FOR A BURSARY



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 _____

B
PERSONAL PARTICULARS

SURNAME: _____ TITLE:

Mr	Mrs	Miss	
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 FIRST NAMES: _____
 DATE OF BIRTH _____
 IDENTITY NUMBER:

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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 african Coloured White
 Male Female

Disability (Please Specify).....

Permanent Residential Address.....

.....Postal Code.....

Postal address if different from residential address:

.....Postal code.....

Tel: Home (code)

Cell Number:

E-mail Address:

Name of next of Kin..... Identity number of next of kin.....

Relationship to applicant..... Tel number of next of kin:.....

EDUCATIONAL INFORMATION - Continued

(C) Subject intended to be studied next year

Name of institution:

Course for next year:

Cost for next year:

SUBJECTS
