

### Check List

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

<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>			
1	Proof of residence in a form of Municipal Water utility, Bank Statement or confirmation letter from authorized traditional leaders.	Yes	No
2	Proof of provisional admission from a recognized institution of higher learning		
3	Certified copy of ID document for Applicant		
4	Certified copy of ID document for parent(s) / legal guardian		
5	Certified copy of the latest Grade 12 results/ academic records		
6	Proof of income for parents/ legal guardian		
7	In the case of deceased parents, please attach certified death certificates		
<ul style="list-style-type: none"> <li>Applicant must intend studying on a full time basis.</li> </ul>			
Total combined household income per annum			
<p><b>CLOSING DATE FOR SUBMISSION: 31<sup>st</sup> January 2022</b></p> <p>Completed forms should be submitted at <b>9<sup>th</sup> floor office no 908</b> or <b>ground floor at the Civic Centre Cnr Landross Mare Street &amp; Bodenstein Street</b>, or they can be posted to <b>P O Box 111 Polokwane 0700</b>.</p> <p>Enquiries: Tel: 015 290 2504/2029</p>			

**PERSONAL DETAILS OF APPLICANT**

Full name and Surname: \_\_\_\_\_

ID number: 

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Gender: 

Male	
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Female	
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Race: 

A	W	I	C
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Disability: 

Yes	No
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If Yes, specify (provide medical records): \_\_\_\_\_

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)**

Full Name and Surname of Mother: \_\_\_\_\_

Home Address: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Signature of the Mother: \_\_\_\_\_ Date: \_\_\_\_\_

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

Full Name and Surname of Father: \_\_\_\_\_

Home Address: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Work: \_\_\_\_\_

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

Total combined household income per annum: \_\_\_\_\_

Signature of the Father: \_\_\_\_\_ Date: \_\_\_\_\_

**PARTICULARS OF LEGAL GUARDIAN INCASE OF DECEASED PARENT(S)**

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

**LEGAL GUARDIAN**

Full Name and Surname of Legal Guardian: \_\_\_\_\_

Home Address: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Work: \_\_\_\_\_

Occupation of Legal Guardian: (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/TVET admission?

YES	<input type="checkbox"/>
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NO	<input type="checkbox"/>
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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): \_\_\_\_\_

**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 20.....
- 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
  - I agree that Polokwane Municipality’s External Bursary Committee retains the right to reduce the award if the amount exceeds the full prescribed University, University of Technology or TVET college 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...**

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