



# BURSARY APPLICATION FORM

Youth & Sports Coordinators Section  
 Bitou Municipality  
 04 Sewell Street  
 Plettenberg Bay  
 6600

Mr. Duncan Meyer  
 Tel: (044) 501 3457

**Closing Date: 15 January 2023**

(This form must be completed in writing by the applicant)

| PART A: PERSONAL PARTICULARS  |       |                 |         |  |                             |                    |       |  |       |  |      |  |
|---|-------|-----------------|---------|--|-----------------------------|--------------------|-------|--|-------|--|------|--|
| Surname   |       |                 |         |  |                             | Title              | Mr    |  | Mrs   |  | Miss |  |
| First names   |       |                 |         |  |                             |                    |       |  |       |  |      |  |
| Identity Number   |       |                 |         |  |                             |                    |       |  |       |  |      |  |
| (Attach a certified copy of your identity document)   |       |                 |         |  |                             | Date of birth      |       |  |       |  |      |  |
| For the purpose of monitoring employment equity in terms of bursaries, it would be appreciated if you would provide information regarding your race, gender and disability. |       |                 |         |  |                             |                    |       |  |       |  |      |  |
| Gender  | Male  |                 | Female  |  | Disability (Please specify) |                    |       |  |       |  |      |  |
| Race  | Asian |                 | African |  | Coloured                    |                    | White |  | Other |  |      |  |
| Permanent residential address<br>(Attach proof of permanent residential address)  |       |                 |         |  |                             |                    |       |  |       |  |      |  |
|   |       | Postal code     |         |  |                             |                    |       |  |       |  |      |  |
| Address at which you can be contacted at all times  |       |                 |         |  |                             |                    |       |  |       |  |      |  |
|   |       | Postal code     |         |  |                             |                    |       |  |       |  |      |  |
| Permanent address if different from residential address   |       |                 |         |  |                             |                    |       |  |       |  |      |  |
|   |       | Postal code     |         |  |                             |                    |       |  |       |  |      |  |
| Home telephone number   |       | Cellular number |         |  |                             | Alternative number |       |  |       |  |      |  |
| Name of next of kin   |       |                 |         |  |                             |                    |       |  |       |  |      |  |
| Relationship to applicant   |       |                 |         |  |                             |                    |       |  |       |  |      |  |
| Identity number of next of kin  |       |                 |         |  |                             |                    |       |  |       |  |      |  |
| Telephone numbers of next of kin  |       |                 |         |  |                             |                    |       |  |       |  |      |  |
| Home  |       |                 |         |  |                             | Cellular           |       |  |       |  |      |  |

**PART B: BURSARY PARTICULARS**

Field of study bursary is applied for

Name of educational institution at which you are or will be studying

**PART C: HOUSEHOLD CIRCUMSTANCES**

Joint monthly household income (Attached certified copies of pay slips or sworn affidavits)

R0 – R10,000

R10,001 – R30,000

R30,001 – R50,000

R50,001 – 80,000

R80,001 – R120,000

R120,001 – R140,000

R140,001 – R160,000

R160,001 and more

State number of persons dependent on the annual household income

**PART D: COMPULSORY EDUCATIONAL INFORMATION**

Grade 12/Latest subjects

Symbols obtained

(Attach official proof of results from school / institution or the Department of Education and senior certificate)

**Post school qualifications**

Name of institution

Field of study

Subjects already passed

Year in which subjects were passed

(Attach official proof of results from institution)

Course to be enrolled for in 2023

Name of institution

Total (all inclusive) costs of studies for 2023

Subjects enrolled for 2023

(Attached proof of registration and cost)

### PART E: GENERAL INFORMATION

Have you received a bursary from the Bitou Municipality in the past?

YES

NO

What would you consider special achievements obtained to date?

List extra-mural activities in which you participate (including sport and community involvement)

List your hobbies

Please motivate why you have chosen this course of study:

What personal qualities do you consider necessary to be successful in the career which you have chosen?

### PART F: REFERENCES

Please provide the names of TWO teachers/lecturers/tutors to whom you are well-known and whom the Bitou may contact:

Name

Telephone

Name

Telephone

I understand that any false or misleading information furnished on this bursary application form or in connection with this bursary application may result in rejection of the application or if already awarded a bursary by the Bitou Municipality in the withdrawal thereof and recovery of all monies already paid.

Signature

Date

Signature of guardian  
(in the case of minor)

Date

#### PLEASE NOTE:

No late applications will be considered

Applications will not be acknowledged in writing and copies of supporting documents will not be returned