

Garden Route District Municipality
Head Office, 54 York Street, George, 6530 | PO Box 12, 6530, Tel nr: (044) 803 1300

## **BURSARY APPLICATION FORM**

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

PART A: PERSONAL PARTICULARS																		
Surname:							Title	,	Mr			Mrs	3		Miss	8		
First Names:																		
Identity Nr.:																		
Date of birth:	Υ	Υ	Υ	Υ	M	M		D	D		<u>-</u>					•		
Attach a certified copy of your identity document     For the purpose of monitoring employment equity in terms of bursaries, it would be appreciated if you provide information regarding your race, gender and if you have any disabilities.																		
Gender:	Male		Fema	le	Dis	sability (	Specify	)										
Race:	Asian		,	African	·	Co	oloured			,	White			Ot	her			
Permanent re	esidential	address																
(attach proof of a	permanent ddress)	t residential																
				Postal code														
Address at which you can be contacted																		
at all times																		
				Postal code														
Permanent address if different from																		
residential address																		
				Postal co	ode													

Home telephone number	Cellular n	umber	Alternative number				
Name of next of kin							
Relationship to applicant							
Identity number 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	0,000 R10,001 – R30,000 R30,001 – R50,000 R50,001 – 80,000								
R80,001 – R120,000 R120,001 – R140,000 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 proc	of of results from institution)		
Course to be	enrolled for in			
Name of insti	tution			
Total (all incl	usive) costs of studies for			
Subjects enro	olled for			
,				
	(Attached proof	f of registration and cost)		
	PART E: GE	NERAL INFORMATION		
Have you rec	eived a bursary from the Garden Route District Mun	icipality in the past?	YES	NO
What would y	ou consider special achievements obtained to date	9?	ļļ.	
List extra-mu	ral activities in which you participate (including spo	ort and community involvem	ent):	
		·	·	
List your hob	bies:			
Please motiva	ate why you have chosen this course of study:			
What persona	al qualities do you consider necessary to be succes	ssful in the career which you	have chosen?	
	DART.	F. DEFEDENCES		
lease provide	the names of TWO teachers/lecturers/tutors to whom you	F: REFERENCES	the Garden Pouto F	District Municipality may contact
	the marines of 1990 teachers/fecturers/tutors to whom y		ine Garden Roule L	nounce information may conflact
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 Garden Route District 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.