



**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		Miss		
First Names:														
Identity Nr.:														
Date of birth:	Y	Y	Y	Y	M	M	D	D						
<p style="color: red; margin: 0;">• Attach a certified copy of your identity document</p> <p style="color: red; margin: 0;">• 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.</p>														
Gender:	Male		Female		Disability (Specify)									
Race:	Asian		African		Coloured		White		Other					
Permanent residential address <i>(attach proof of permanent residential address)</i>														
	Postal code													
Address at which you can be contacted at all times														
	Postal code													
Permanent address if different from residential address														
	Postal code													





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.

<b>Signature</b>		<b>Date</b>	
<b>Signature of guardian (in the case of minor)</b>		<b>Date</b>	

**PLEASE NOTE**

No late applications will be considered. Applications will not be acknowledged in writing and copies of supporting documents will not be returned.