

NOTICE 225 of 2024 EXTERNAL MUNICIPAL BURSARY PROGRAMME 2025

Applications are hereby invited from students currently in Grade 12 and learners who have already passed Grade 12 for financial support for further studies in the 2025 academic year. The award is limited to full-time studies at an accredited tertiary institution. Students must reside within the Greater Oudtshoorn Municipality, including the rural areas.

This programme aims to develop students and learners with potential and high performance within the Municipality's municipal area, affording partiality to individuals from historically disadvantaged groups and individuals with disabilities.

Bursaries will be allocated for one (1) year to allow students to undertake a full-time Graduate Degree or Diploma. Application forms are available at all municipal offices, libraries, and Oudtshoorn Thusong Service Centre during normal work hours between 07:30 and 16:30.

Applications will only be considered if it is correctly and fully completed and the following documentation is attached:

- Certified copy of Grade 12 certificate/Statement of results
- Proof of registration/ admission at any tertiary institution
- Certified copy of identity document
- Proof of residential address
- Proof of combined household income

Please submit applications to Ms M Ayford, Senior HR Officer: Skills Development or Mrs R January, Senior Skills Development Clerk, Oudtshoorn Municipality, Corner of Voortrekker Road and Baron Van Reede Street).

CLOSING DATE: Friday, 15 November 2024

Please Note: Canvassing will result in automatic disqualification. If you have not been contacted within 30 working days after the closing date of this advertisement, you may assume that your application was unsuccessful. Curriculum vitae will not be returned. No applications sent via e-mail or fax will be considered.

MR M YEKANI **ACTING MUNICIPAL MANAGER** Date Published: 17 & 18 October 2024



HR Manager: Support Services Mr R.S. Claassen PO Box 255 **OUDTSHOORN** 6620

TEL NO: (044) 203 3068

OUDTSHOORN MUNICIPALITY BURSARY APPLICATION FORM

(PLEASE NOTE: This form must be completed in the own handwriting of the applicant)

PART A: PERSONAL PARTICULARS											
SURNAME						TITLE	MR		MRS	MIS	SS
FIRST NAMES											
IDENTITY NUMBER											
(Attach a certified copy of your identity of				documen	t)	DATE	OF BIR	TH			
For monitoring employment equity in terms of bursaries, it would be appreciated if you would provide									/ide		
information regarding your race, gender and disability.											
GENDER	MALE		FEMAL		DISA	DISABILITY (PLEASE SPECIFY)					
			E				,			_	1
RACE	ASIAN		AFRICA		COL	OURED		WHITE		OTHER	
			N								
Disability	Yes		No		If yes, please specify:						
RESIDENTIAL ADDRESS											
(Attach proof)											
			POSTAL CODE								
HOME TELEPHONE NUMBER				CELLULAR NUMBER			ALTER	ALTERNATIVE NUMBER			
NAME OF NEXT OF KIN											
RELATIONSHIP TO APPLICANT									1 1		
IDENTITY NUMBER OF NEXT OF KIN											
HOME TELEPHONE NUMBER				CELLULAR NUMBER			ALTER	ALTERNATIVE NUMBER			
EMAIL ADDRESS											

Website / Webwerf: www.oudtshoorn.gov.za



PART B: BURSAI	RY PARTICULARS						
FIELD OF STUDY BURSARY IS APPLIED FOR							
NAME OF EDUCATIONAL INSTITUTION AT WHICH YOU ARE OR WILL BE STUDYING							
PART C: COMPULSORY EDUCATIONAL INFORMATION							
GRADE 12 SUBJECTS	SYMBOLS OBTAINED						
(Attach Senior Cartificate, Official Proof of Posul	ts from School / Institution or the Department of						
(Attach Senior Certificate, Official Proof of Results from School / Institution or the Department of Education)							
	QUALIFICATIONS						
NAME OF INSTITUTION							
FIELD OF STUDY							
SUBJECTS ALREADY PASSED	YEARS IN WHICH SUBJECTS WERE PASSED						
	esults from the institution)						
COURSE ENROLLED FOR 2025							
NAME OF INSTITUTION							
TOTAL COST OF STUDIES FOR 2025							
SUBJECTS ENROLLED FOR 2025							
(Attach proof of registration	and cost / Pro-forma Invoice)						



PART D: REFERENCES							
PLEASE PROVIDE THE NAMES OF TWO TEACHERS / LECTURERS / TUTORS TO WHOM YOU ARE WELL-							
KNOWN AND WHOM THE OUDTSHOORN MUNICIPALITY 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							
THE REJECTION OF THE APPLICATION OR IF ALREADY AWARDED A BURSARY BY THE OUDTSHOORN							
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