



KAAP AGULHAS MUNISIPALITEIT
CAPE AGULHAS MUNICIPALITY
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CAPE AGULHAS MUNICIPALITY

External Bursary Application Form 2024/25

FOR OFFICE USE ONLY

| | |
|----------------------|--|
| Approved | |
| Not Approved | |
| Conditional Approved | |

INSTRUCTIONS

1. Read carefully before completing, signing, or submitting this form.
2. Ensure that this form is completed in full.
3. Note that this bursary cannot be used to pay for existing loans or debts.

Criteria:

1. Ensure that this form is duly signed.
2. Application forms with incomplete information will be disqualified.
3. Application forms with incorrect information will lead to your application being disqualified.
4. No faxed application forms will be accepted.

Please attach proof of December 2023 Grade 11, and September 2024 Grade 12 results.

| Required documents: | Tick | |
|---|------|----|
| Certified Identity document (ID) | Yes | No |
| Proof of application/admission to the relevant study institution of Higher Education and Training with projected study duration, course scope, tuition costs, accommodation, and relevant banking details | Yes | No |
| Certified copy of Cape Agulhas Municipality's Utility Bill or account statement (as proof of address) | Yes | No |
| In the case of parents/guardian not working original affidavit (South African Police Services) declaring as such | Yes | No |
| Certified copy of December 2023 and September 2024 results | Yes | No |
| Parents salary advices | Yes | No |
| Parents certified copies of ID's | Yes | No |

NB! No applications will be considered if not accompanied by all required documents.

Post completed forms or hand deliver to:

| | |
|--|--|
| HR & OD: Training and Development | Cape Agulhas Municipality |
| Cape Agulhas Municipality | Van Riebeeck Street |
| P.O. Box 51 | Old Nedbank Building |
| BREDASDORP | BREDASDORP |
| 7280 | 7280 |
| | |
| For the attention of: Mrs L May | For the attention of: Mrs L May |

SECTION A- PERSONAL DETAILS OF APPLICANT

Surname: _____

First names: _____

Date of birth: _____ Age: _____

Identity Number: _____

Home Language: _____

SA Citizenship: Yes No

Gender: Male Female

Race: African Indian Coloured White

Do you have a disability: Yes No

If YES, describe the nature of the disability: _____

Residential address with postal code: _____

Code: _____

Postal address with postal code: _____

Code: _____

Contact telephone numbers including dialling codes:

Cellular: _____

Other Contacts: _____

Email address: _____

Have you ever been found guilty of a criminal offence? Yes No

If YES, please specify the nature and date of offence: _____

SECTION B- HIGH SCHOOL ATTENDED

Name of school: _____

School address: _____

Postal code: _____

Local Municipality: _____ Town: _____

Grade: Currently in Grade 12 Completed Grade 12

Subjects (List them Below)

| Subject | Grade | Symbol | Percentage |
|---------|-------|--------|------------|
| | | | |
| | | | |
| | | | |
| | | | |
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| | | | |
| | | | |

NB: Attached proof of the latest results.

SECTION C – INTENDED TERTIARY STUDY FOR THE NEW ACADEMIC YEAR

Name of qualification: _____

Name of Institution: _____

Field/Area of study: _____

Duration of study: _____

Are you receiving any other bursaries or loan? Yes No

If YES, describe below the nature of financial assistance and any obligations involved and provide the name of the institution that granted the bursary/loan assistance:

(Please attached proof of admission to accredited tertiary institution)

SECTION D (Parent 1) – DETAILS OF FATHER / MOTHER/ GUARDIAN

Name and Surname: _____

Identity No: _____

Relationship: Mother Father Other Specify: _____

Residential address with postal code: _____

Code: _____

Postal address with postal code: _____

Code: _____

Contact numbers including dialling code: _____

Home: _____ Work: _____

Cellular: _____

Email address: _____

Parent 1 - EMPLOYMENT DETAILS

Name of employer: _____

Monthly Salary: _____

Address of Employer: _____

Code: _____

Contact telephone details of Employer: _____

Parent 2: DETAILS OF FATHER / MOTHER/ GUARDIAN

Name and Surname: _____

Identity No: _____

Relationship: Mother Father Other Specify: _____

Residential address with postal code: _____

Code: _____

Postal address with postal code: _____

Code: _____

Contact telephone numbers including dialling code: _____

Home: _____ Work: _____

Cellular: _____

Email address: _____

Parent 2 - EMPLOYMENT DETAILS

Name of employer: _____

Monthly Salary: _____

Address of Employer: _____

Code: _____

Contact telephone details of Employer: _____

SECTION F – DECLARATION

I hereby declare that **ALL** the information provided in this application form is complete and correct.

I hereby acknowledge that if **ANY** of the information provided in this application form is found to be incomplete and/or incorrect, my application will be disqualified.

Signature of:

APPLICANT: _____

Name: _____

Date: _____

Signature of (if under 21):

PARENT / LEGAL GUARDIAN: _____

Name: _____

Date: _____