# BITOU MUNICIPALITY

# APPLICATION FORM

# MAYORAL BURSARY
# 2021 ACADEMIC YEAR

## STUDENT FINANCIAL ASSISTANCE

**PLEASE NOTE: Bitou Local Municipality reserves the right not to accept all applicants, only successful applicants will be contacted. Prospective students are strongly advised to apply for as many alternative sources of funding as possible. Your school or librarian should be able to assist you in this regard.**

**PLEASE TAKE NOTE OF THE BASIC CONDITIONS ON THE NEXT PAGE.**

**SEND APPLICATIONS TO:**

**The Manager: Office of the Executive Mayor**
**Bitou Local Municipality**
**4 Sewell Street**
**PLETTENBERG BAY**
**6600**

## BASIC CONDITIONS

The below basic conditions are COMPULSORY and must be met prior to the application being received and processed:

1. Eligibility for Bitou Municipality financial assistance towards further studies is confirmed to prospective students whose parents are either residents or who owns ratable property within Bitou Municipality. **Applications are STRICTLY limited to the residents of Bitou Municipality.**

2. The Municipal Council places no restrictions on the field of study intended to be followed by the applicant, other than to restrict the bursary to attendance at a recognized tertiary institution.

3. Applicants must attach copy of Grade 12 results or certificate to the application.

4. Applicants must have passed Grade 12 not prior 2020. The Bitou Municipality will allow only a Gap year + one.

5. 2nd year students and above must submit copy of previous academic years' results to the application form.

6. Applicants must attach copy of proof to the total household income to the application form.

7. Applicants must attached copy of proof to provisional acceptance at tertiary institution to the application form.

8. The bursary is not tied to the "bursary applicant" and will not be required to subsequently work for the Municipality and, similarly, there is no obligation on the Municipality to provide employment for the successful bursary applicant.

9. The availability of the bursary is advertised in the local press.

10. Applications received will be submitted to a subcommittee for initial consideration and, thereafter, if necessary, to the Accounting Officer whom may call for interviewing of short listed candidates.

11. Payment of the Financial Assistance shall be made directly to an officially registered academic/learning institution and such an institution must be registered with the Council of Higher Education and proof thereto demonstrated. Under **no** circumstances will monies be transferred to any other institution other than the one reflecting on the application form and/or had granted provisional acceptance and/or an individual. Such institution must operate within the boundaries of Republic of South Africa.

12. A Declaration **must** be submitted to Bitou Municipality, by the applicant regarding any other bursaries (financial assistance) received, the same applies in the event that no other financial assistance is due to the applicant from whatsoever institution, **by no later than 15h00 on Monday 08 February 2021.**

**PART 1**

**Instructions: Use black pen to complete this form where a space is provided. Incomplete applications will not be processed.**

TITLE MR/ MRS / MS
SURNAME ……

NAME ……

ID NUMBER ……

STUDENT NUMBER ……..

ARE YOU CURRENTLY BENEFITTING FROM ANY OTHER BURSARY FUNDS?
……...…….

**RESIDENTIAL ADDRESS**

……..

……..

……..

**POSTAL ADDRESS**

…….

…….

…….

**CONTACT DETAILS (IF APPLICABLE)**

HOME TELL NO: …….

GUARDIAN / PARENT WORK: ……..

CELL: …….

APPLICANT CELL NO: ……

TOTAL HOUSEHOLD INCOME: …….

**PART 2: EDUCATIONAL DETAILS**

**PARTICULARS OF CURRENT / FUTURE STUDIES**

| **NAME OF INSTITUTION**<br><br>**…….** |
|---|

| **NAME OF DEGREE / DIPLOMA**<br><br>**……** |
|---|

| **MAJOR SUBJECTS / MODULES**<br><br>**……**<br><br>**……**<br><br>**……** |
|---|

**PART 3: DETAILS OF RELATIONSHIP WITH ANY EMPLOYEE OF THE BITOU MUNICIPALITY**

DO YOU HAVE A FAMILY RELATIONSHIP WITH ANY PERSON (OFFICIAL) IN THE SERVICE OF BITOU MUNICIPALITY OR WITH ANY COUNCILLOR OF THE BITOU MUMICIPALITY?

| **YES** | **NO** |
|---|---|

| **FULL NAMES AND SURNAME OF THE FAMILY MEMBER**<br><br>**…….** |
|---|

| **POSITION OF THE FAMILY MEMBER INSIDE THE MUNICIPALITY**<br><br>**……..** |
|---|

**PART 4: PLEASE ATTACH CERTIFIED COPIES OF THE FOLLOWING DOCUMENTS TO THIS PAGE:**

Check List

| | |
|---|---|
| Completed and signed application form | |
| ID document | |
| Grade 12 certificate | |
| Proof of acceptance at tertiary institution | |
| Proof of total household income of parents or legal guardian | |
| 2nd year students and above: Proof of previous academic years' results | |
| Banking details of the tertiary/learning institution **on original Bank letterhead** | |

**IMPORTANT NOTICE**

***** FAILURE TO COMPLETE THIS APPLICATION FORM FULLY AND CORRECTLY MAY PREJUDICE THE APPLICANT'S CHANGES OF OBTAINING FINANCIAL ASSISTANCE FROM BITOU MUNICIPALITY.

* NO PAYMENT **WILL** BE MADE WITHOUT SUBMISSION OF THE ORIGINAL STATEMENT FOR STUDIES.

**PAYMENTS WILL BE DIRECTED TO THE RECOGNISED INSTITUTION PLEASE ATTACH THE BANKING DETAILS OF THE INSTITUTION.**

## SWORN AFFIDAVIT TO BE COMPLETED BY APPLICANT

**I ……...;**
**(full name of applicant)**

**hereby declare that the information stated in this application, including the information about my parents / spouse / legal guardian in this application form, is true to the best of my knowledge and belief. I have submitted this information knowing that, if I willfully stated in it anything which I know to be false or which I do not believe to be true, any financial aid is already granted may be withdrawn and sums paid to me or on behalf by Bitou Municipality may be recovered from me and / or disciplinary action may be taken against me in the civil courts. I further undertake to inform the Manager: Office of the Executive Mayor of Bitou Municipality of any changes in my circumstances.**

**I acknowledge that should I fail to do so and continue to receive financial aid which I would not be entitled to by reason of my changed circumstances; Bitou Municipality may have resources against me in any of the ways set out above.**

**…… ……..**
**…….**
**Signature of applicant Date Identity number**

**…… …… ……..**
**(Signature of Parent / Guardian) Date Identity number**

**I certify that the Deponents have declared that they are familiar with the content of the statement, signed and sworn in my presence at**

**……. on this ……day of ……..201….**

**……**
**COMMISSIONER OF OATHS**