Rig alle korrespondensie aan: Address all correspondence to:

WESKUS DISTRIKSMUNISIPALITEIT WEST COAST DISTRICT MUNICIPALITY

Posbus / P O Box 242 MOORREESBURG 7310

MUNISIPALE BESTUURDER / MUNICIPAL MANAGER

Navrae / Enquiries: T Steinmann

Verw. Nr. / Ref. No.: 7/6/1



Telefoon / Phone: (022) 433-8400 Faks / Fax: (022) 433-8484 E-pos Adres / E-mail Address: westcoast@wcdm.co.za

MUNICIPAL EXTERNAL BURSARY FUND APPLICATION FORM

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

	PART A: PERSONAL PARTICULARS																	
SURNAME										TIT	LE	MR		N	IRS		MIS	S
FIRST NAMES																		
IDENTITY NUMBER														AGE				
(Attach an originally certifie)F BI							
For the purpose of monitoring employment equi									burs	sarie	s, it	would	l be	appr	eciate	ed if	you	would
provide information regarding your race, gender and disability. GENDER MALE DISABILITY (Please specify)																		
GENDER	MALE		EMALE						leas	e spe								
RACE	ASIAN	A	AFRICA	١		COL	OUR	ED			WH	HITE			OTI	HER		
PERMANENT RESIDENTIAL ADDRESS (Attach proof of permanent residential address)																		
						POSTAL CODE												
ADDRESS AT	_	_	U CA	N	BE													
CONTACTED AT ALL TIMES																		
						POSTAL CODE												
PERMANENT ADDRESS IF DIFFERENT FROM																		
RESIDENTIAL A	ADDRESS								_									
					POSTAL CODE						ALTERNATIVE NUMBER							
HOME TELEPHONE NUMBER				CELLULAR NUMBER						AL	ALTERNATIVE NUMBER							
ANY DELATIONOLUD MUTU AN EMPLOYEE/O OF THE MEST COACT PROTECT AND PROTECT AND THE MEST COACT PROTECT AND PROTECT A																		
ANY RELATIONSHIP WITH AN EMPLOYEE(S) OF THE WEST COAST DISTRICT MUNICIPALITY																		
YES NAME (NO DE EMBLO	VEE(C)	1.															
IF YES, NAME OF EMPLOYEE(S) 2. ANY RELATIONSHIP WITH A COUNCILLOR(S) OF THE WEST COAST DISTRICT MUNICIPALITY																		
YES	NO	TACO	1.	.UK((3) C	יר וחב	: VV <u>C</u>	316	UAS	ו טוג	יואוכ	CI WIU	INIC	IPAL	III			
	_																	
PART B: HOUSEHOLD CIRCUMSTANCES MONTHLY HOUSEHOLD INCOME																		
(Attached originally certified true copies of payslips of at least three (3) months or sworn affidavits)																		
					n payslips of a - R5,000			R5,001 – R7,500				3₩0	R7,501 – R10,000					
110 112,000			112,00		10,0				. 10,0	V I -	, 0				, 50		110,0	
R10,001 – F		R12,501 – R15,00				R15,001 – R17,500					R17,501 and more							
1110,001 1112,000			,50	•	,				,0	v 1	,				,0	J 1 W		· · ·

STATE NUMBER OF PERSONS DEPENDANT ON THE MONTHLY HOUSEHOLD INCOME								
PART C: COMPULSORY EDUCATIONAL INFORMATION								
SUBJECTS OF HIGHEST STANDARD PASSED		SYMBOLS	OBTAINED)				
(Attack originally contified two convert records)								
(Attach originally certified true copy of results) POST SCHOOL QUALIFICATIONS								
	JUALIFICATI	UNS						
NAME OF INTITUTION								
STUDY COURSE								
SUBJECTS ALREADY PASSED	YEAR IN WI	HICH SUBJECTS V	VERE PASS	SED				
(Attach originally certified true copy of results)								
PART D: BURSA	RY PARTICIII	ARS						
STUDY COURSE BURSARY IS APPLIED FOR								
DURATION OF STUDY COURSE								
		I DE CTUDVINO						
NAME OF EDUCATIONAL INSTITUTION AT WHICH YOU		L BE STUDTING						
TOTAL ANNUAL ESTIMATED STUDY FEES	R	VEAD / Ast /	Od)					
STUDENT NUMBER	ACADEMIC	YEAR (e.g. 1st or 2	^{2na} or 3 ^{ra})					
STUDY COURSE ENROLLED FOR								
NAME OF EDUCATIONAL INSTITUTION								
REGISTRATION COST (attach proof)	R							
CLASS FEES	R							
COST OF STUDY MATERIAL	R							
OTHER COST (specify)								
TOTAL COST								
SUBJECTS E	NROLLED FO	R						
1.	2.							
3.	4.							
5.	6.							
7.	8.							
7. 8. PART E: GENERAL INFORMATION								
			VEC	NO				
HAVE YOU RECEIVED A BURSARY FROM THE WEST CO	YES	NO						
DO YOU RECEIVE A BURSARY AND / OR ASSISTANCE		NO						
IF YES, STATE WHETHER IT IS A FULL BURSARY AND / OR ASSISTANCE YES NO								
PLEASE MOTIVATE WHY YOU HAVE CHOSEN THIS STUDY COURSE:								
PART F: REFERENCES								
PLEASE PROVIDE THE NAMES OF TWO TEACHERS / LECTURERS / TUTORS TO WHOM YOU ARE WELL KNOWN								
AND WHOM THE WEST COAST DM MAY CONTACT:								
NAME		TELEPHONE						

NAME		TELEPHONE							
I CERTIFY THAT THE INFORMATIO	N CONTAINED ON THIS FORM IS T	RUE AND ACCUR	ATE TO THE BEST OF MY						
KNOWLEDGE. I UNDERSTAND THAT THE SUBMISSION OF FRAUDULENT INFORMATION WILL LEAD TO									
AUTOMATIC DISQUALIFICATION AND/OR WITHDRAWAL OF ALL FINANCIAL ASSISTANCE GRANTED IN TERMS									
OF THE EXTERNAL BURSARY FUND, OR A CLAIM THAT ALL FEES BE PAID BACK TO THE WEST COAST									
DISTRICT MUNICIPALITY. IN APPROPRIATE CASES, THE MATTER MAY ALSO BE REPORTED TO THE SOUTH									
AFRICAN POLICE SERVICES.									
SIGNATURE		DATE							
SIGNATURE OF GUARDIAN									
		DATE							
(in the case of a minor)									

PLEASE NOTE THAT IN TERMS OF THE APPROVED EXTERNAL BURSARY FUND POLICY OF THE WEST COAST DISTRICT MUNICIPALITY -

- The closing date for applications will be regarded as the date on which requirements as stipulated in this Policy should be met by applicants.
- Incomplete bursary applications which lack the required supporting documentation, or late applications shall not be considered.
- West Coast District Municipality shall not be held responsible for students not being registered, should the process, for any reason whatsoever, be delayed or withdrawn.
- Should Council be dissatisfied with a student's study performance based upon progress reports, it reserves the right
 to terminate any further payments and to disqualify such a student from future participation in the External Bursary
 Fund
- Submission of fraudulent information will lead to automatic disqualification and/or withdrawal of all financial assistance granted in terms of the External Bursary Fund, or a claim that all fees be paid back to the West Coast District Municipality. In appropriate cases, the matter may also be reported to the South African Police Services.
- Students will be obliged to submit progress reports twice per year at the end of July and November.
- Students to whom participation in the External Bursary Fund have been granted will be obliged to sign a Study Agreement (Memorandum of Agreement) with the West Coast District Municipality.