

### **OVERBERG DISTRICT MUNICIPALITY**

### **External Bursary Application**

### 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.

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	Yes	No
scope, tuition costs, accommodation, and relevant banking details		
Certified copy of municipality's Utility Bill or account statement (as proof	Yes	No
of address)		
In the case of parents/guardian not working original affidavit (South	Yes	No
African Police Services) declaring as such		
Certified copy Grade 12 results	Yes	No
Parents salary payslips	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:

Human Resource Department	Human Resource Department
Overberg District Municipality	Overberg District Municipality
Private Bag X22	26 Long Street
BREDASDORP	BREDASDORP
7280	7280
For the attention of:	For the attention of:
Mrs Z Feni	Mrs Z Feni

### **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 ATTE	ENDED			
Name of school:				
School address:				
	Postal code	e:		
Local Municipality:	l Municipality: Town:			
Grade: Currently in Grade 12	Completed Grade	: 12		
Subjects (List them Below)				
Subject	Grade	Symbol	Percentage	
NB: Attached proof of	the latest results.			
SECTION C - INTENDED TERTIAL	RY STUDY FOR TH	IE NEW ACAD	DEMIC YEAR	
Name of qualification:				
Name of Institution:				
Field/Area of study:				
Duration of study:				
Are you receiving any other bursarie	es or loan?	Yes	No	
If YES, describe below the nature or provide the name of the institution the				
(Please attached proof o	of admission to accre	edited tertiary i	nstitution)	

# SECTION D (Parent 1) - DETAILS OF FATHER / MOTHER/ GUARDIAN Name and Surname: \_\_\_\_\_ Identity No: 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: \_\_\_\_\_

Contact telephone details of Employer:

Code: \_\_\_\_\_

## Parent 2: DETAILS OF FATHER / MOTHER/ GUARDIAN Name and Surname: Identity No: \_\_\_\_\_ Father Other Specify: \_\_\_\_\_ Relationship: Mother 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 E - 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:			
А	APPLICANT:		
N	lame:		
D	Date:		
Signature of (if under 21):			
Р	PARENT / LEGAL GUARDIAN:		
N	lame:		
D	Oate:		

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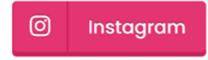
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