



CITY OF CAPE TOWN  
ISIXEKO SASEKAPA  
STAD KAAPSTAD

## EXTERNAL APPLICATION FOR FINANCIAL SUPPORT

PLEASE SELECT BURSARY TYPE:	
UNDER-GRADUATE / FIRST DEGREE	
POST-GRADUATE / HONOURS	
MASTERS	
DOCTORATE	

PLEASE SELECT INSTITUTION TYPE:	
TVET	
UNIVERSITY OF TECHNOLOGY	
UNIVERSITY	

**THIS APPLICATION IS CONSTRUCTED TO REFLECT THE ETD FRAMEWORK POLICY AS PHRASED BELOW;**

9.1.3 The financial support is open to students who are residents of Cape Town and registered at accredited academic institutions within the borders of South Africa, including TVET colleges.

**PLEASE NOTE:**

- This form must be completed in your own handwriting (PLEASE PRINT)  No late applications will be considered.
- Applications will not be acknowledged in writing and copies of supporting documents will not be returned.
- Applications without all supporting documents will not be considered

**Submit your completed form and supporting documentation to one of the following Walk-in Centres: Bellville, Brackenfell, Cape Town Civic Centre, Parow, Plumstead or Strand.**

**A. The Following Supporting documents needs to accompany the application:**

Documents	X
1. A registration letter or provisional acceptance letter from your approved tertiary institution	
2. Statement of account if registered	
3. A certified copy of your matric certificate if you have matriculated	
4. Copy of Grade 12 final /midyear results with an average of 65% and above	
5. Any recommendations from teacher, mentors and peers	
6. Awards and certificates you have won	
7. A certified copy of your Identity Document	
8. A certified copy of Surety Holder's Identity Document	
9. Proof of Residence	
10. Proof of Income(Payslip/Government Grant)	
11. Proof of any work you have already done in the field you are planning to study	

## B. PERSONAL PARTICULARS

<b>SURNAME</b>							<b>TITLE</b>	Mr	Mrs	Miss
<b>FIRST NAMES</b>										
<b>DATE OF BIRTH (dd mm yyyy)</b>										
<b>IDENTITY NO.</b>										
FOR THE PURPOSE OF MONITORING EMPLOYMENT EQUITY IN TERMS OF BURSARIES, IT WOULD BE APPRECIATED IF YOU COULD PROVIDE INFORMATION REGARDING YOUR RACE, GENDER AND DISABILITY.										
<b>PLEASE CIRCLE</b>										
African	Coloured	Indian	White	Male	Female					
<b>DISABILITY (PLEASE SPECIFY)</b>										
<b>PERMANENT RESIDENTIAL ADDRESS (ATTACH PROOF)</b>										
			<b>POSTAL CODE</b>							
<b>ADDRESS AT WHICH YOU CAN BE CONTACTED AT ALL TIMES (ATTACH PROOF)</b>										
			<b>POSTAL CODE</b>							
<b>POSTAL ADDRESS (IF DIFFERENT FROM RESIDENTIAL ADDRESS)</b>										
			<b>POSTAL CODE</b>							
<b>HOME TELEPHONE NO.</b>	(Code)		No.							
<b>ALTERNATE CONTACT NO.</b>	(Code)		No.							
<b>E-MAIL ADDRESS</b>										
<b>NEXT OF KIN NAME AND SURNAME</b>										
<b>NEXT OF KIN IDENTITY NO.</b>										
<b>NEXT OF KIN TELEPHONE NO.</b>										
<b>RELATIONSHIP TO APPLICANT</b>										

## C.BURSARY PARTICULARS

FIELD OF STUDY					
NUMBER OF YEARS REQUIRED FOR BURSARY?		TOTAL DURATION OF COURSE			
NAME OF CURRENT OR INTENDED EDUCATIONAL INSTITUTION					
ARE YOU IN POSSESSION OF ANY FINANCIAL SUPPORT AT THE MOMENT? (IF YES PLEASE ATTACH PROOF)	Yes		No		
DO YOU RECEIVE ANY FINANCIAL ASSISTENCE FROM ANOTHER GRANT? (IF YES HOW MUCH?)	Yes		No		

## D. HOUSEHOLD CIRCUMSTANCES

HOUSEHOLD GROSS ANNUAL INCOME	Up to R100 000	Up to R200 000	Up to R300 000	Up to R400 000	Up to R500 000	Above R500 000
STATE NUMBER OF PERSONS DEPENDANT ON THE HOUSEHOLD ANNUAL INCOME						
NAME OF PERSON WHO WILL STAND AND BE BOUND AS SURETY FOR THE BURSARY						
POSTAL ADDRESS OF SURETY HOLDER						
					POSTAL CODE	
HOME TELEPHONE NO.	(Code)		No.			
WORK / CELL NO.	(Code)		No.			
IDENTITY NO.						
SIGNATURE OF SURETY HOLDER						





**F.GENERAL**

**PLEASE PROVIDE FULL DETAILS OF PREVIOUS BURSARY COMMITMENTS THAT ARE STILL OUTSTANDING, SHOULD YOU HAVE ANY.**

**SPECIAL ACHIEVEMENTS OBTAINED TO DATE.**

**LIST ALL EXTRA-MURAL ACTIVITIES IN WHICH YOU PARTICIPATE. THIS INCLUDES SPORT AND COMMUNITY INVOLVEMENT**

**LIST YOUR HOBBIES**

NOT FOR SALE

PLEASE MOTIVATE YOUR CHOICE OF CHOSEN FIELD OF STUDY

WHAT PERSONAL QUALITIES DO YOU CONSIDER NECESSARY TO BE SUCCESSFUL IN THE CAREER WHICH YOU HAVE CHOSEN?

**F. HEALTH**

DO YOU HAVE ANY HEALTH PROBLEMS WHICH MAY INTERFERE WITH YOUR CHOSEN COURSE OF STUDY AND CAREER?

**G. REFERENCES**

PLEASE GIVE THE NAMES OF TWO TEACHERS / LECTURERS / TUTORS WHO KNOW YOU WELL, WHO WE MAY CONTACT.

NAME			
TELEPHONE	(Code)		No.
NAME			
TELEPHONE	(Code)		No.

I UNDERSTAND THAT ANY FALSE OR MISLEADING INFORMATION PROVIDED IN THIS BURSARY APPLICATION FORM, OR IN CONNECTION WITH THIS BURSARY APPLICATION, MAY RESULT IN THE REJECTION OF THE APPLICATION. IF A BURSARY HAS ALREADY BEEN AWARDED BY THE CITY, THIS COULD BE WITHDRAWN AND ALL MONIES ALREADY PAID WILL BE RECOVERED.

SIGNATURE	
DATE	
SIGNATURE OF GUARDIAN (in case of a minor)	

**POPIA ACTION CONSENT**

<b>Do you agree that you information provided can be verified?</b>	<b>Yes</b>		<b>No</b>	
<b>I hereby confirm that the information is a true reflection of my skills and qualifications and all other relative information</b>	<b>Yes</b>		<b>No</b>	
<b>Signature:</b>				
<b>Date:</b>				