

EXTERNAL BURSARY APPLICATION FORM

NOTES

1. This document is not in any way an agreement or commitment.
2. The bursaries are awarded annually as per the conditions of the agreement between the recipient and Saldanha Bay Municipality. Renewal of the bursary is at the discretion of the municipality.
3. The closing date for applications is **24 August 2023 at 12:00**.
4. Your application will remain incomplete until we receive proof of registration to university or university of technology and final Grade 12 results or latest transcript.
5. Return completed form to Human Resource Services, 21 Main Road, Beansa Building, 1st Floor, Vredenburg.
6. No original documents attached to the application will be safe kept/returned.
7. No late applications will be considered.
8. Council beholds the right to award a bursary.

THE FOLLOWING MUST BE ATTACHED TO THIS APPLICATION

(failure to provide all required documents in this section will disqualify your application)

Certified copies of:

- ID document of applicant and parents (certified copy);
- Matric latest results, if currently in Matric (certified copy);
- Matric certificate, if completed Matric (certified copy);
- Proof of acceptance (on institutions letterhead);
- Fee structure (Quotation, Account statement or invoice from the institution);
- Proof of Parents' / Guardians' salary advise, pay-slip or 3 months bank statement (if unemployed);
- Proof of address of Student, Parent or Guardian.

In your own handwriting on a separate sheet of paper write an essay on:

Firstly - What motivates you studying towards the funded field; and

Secondly - Why do you believe you should be awarded the bursary.

(Note that the essay must not exceed 1 000 words.)

TO BE COMPLETED BY APPLICANT

PERSONAL DETAILS

Surname:

First name(s):

ID Number:

Race: African ☐ Coloured ☐ Indian ☐ Other (specify):

Disabled: ☐ Yes ☐ No

If disabled, please specify:

Are you a citizen of South Africa? ☐ Yes ☐ No

Residential address: Postal address:

Postal code: Postal code:

Home phone: Cell phone (Applicant):

School Phone: Cell phone (Parent/Guardian):

E-mail Address:

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|--------------------------|
| SCHOOL BACKGROUND |
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Name of High School:

School address:

Postal code:

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| UNIVERSITY INFORMATION |
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|--------------------------|--|
| Name of University | |
| Registered course | |
| Registered academic year | |

Have you been accepted by NSFAS or other funding institution?

Yes

No

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| TO BE COMPLETED BY PARENT OR GUARDIAN |
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|---|
| PERSONAL DETAILS OF PARENT OR GUARDIAN |
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FATHER

MOTHER

Surname:

First name(s):

ID Number:

Residential address:

Postal code:

Postal address:

Postal code:

MONTHLY INCOME AND EXPENDITURE STATEMENT

| Income 1 | Rand Value | | Income 2 | Rand Value | | Expenditure | Rand Value |
|------------------|------------|----------|------------------|------------|----------|---------------|------------|
| Salaries (gross) | | | Salaries (gross) | | | Rent | |
| Business | | | Business | | | Bond | |
| Informal selling | | | Informal selling | | | Loans | |
| Pensions | | | Pensions | | | Rates | |
| Disability Grant | | | Disability Grant | | | Groceries | |
| Forester Grant | | | Forester Grant | | | Maintenance | |
| Child Grant | | | Child Grant | | | Telephone | |
| Rental | | | Rental | | | Clothing | |
| Other | | | Other | | | Transport | |
| | | | | | | Other | |
| Total: | | A | Total: | | B | Total: | |
| | | | | | | | C |

Total net income (A + B - C):

DETAILS OF ALL PERSONS DEPENDENT ON THE FAMILY

(Please list all those who are dependent on the family income. If you have a sibling studying at another institution, please provide proof of their registration and indicate their year of study.)

| Name | Age | How is the person related | State why this person is a dependent if not part of immediate family | Categories the person falls into: pre-school; school; scholar; student; adult | Indicate type of income received by dependents: wage/salary/child/support/business profit |
|------|-----|---------------------------|--|---|---|
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GUARDIAN/PARENT DECLARATION:

I _____ hereby declare that my net income as indicated above is correct.

DECLARATION BY APPLICANT:

I _____ hereby declare that the information stated in this application, including information about my parents/guardian 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, I may be declared ineligible for the bursary by the municipality. I agree that the Municipality may have access to my Grade 12 results and university transcripts for use in the process of awarding bursaries.

Applicants signature:

Date:

DECLARATION BY PARENT/GUARDIAN:

I _____ declare that the information stated 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, the Applicant may be declared ineligible for the bursary by the municipality. The above consent also extends to the personal information of the Applicant, where the Applicant is a minor and I confirm that I am a competent person to provide this consent on behalf of the minor Applicant.

Male parent/guardian signature:

Female parent/guardian signature:

Date: _____

Date: _____

