# BUFFALO CITY

METROPOLITAN MUNICIPALITY

BURSARY APPLICATION FORM 2024

FIELD OF STUDY:

|  |  |
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| **CLOSING DATE FOR SUBMISSION:** | 31 October 2023 |

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| ALL APPLICATIONS MUST BE HANDED OR SENT TO:  **IMPORTANT INFORMATION**  ***Ensure that you complete sections 1 to 4***  ***Please write clearly in CAPITAL LETTERS, using black pen*** | Buffalo City Metro Municipality Special Programmes Unit  7th Floor Trust Centre Building  P.O. Box 134 East London 5200 |

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| **1. APPLICANT’S PERSONAL DETAILS** |

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| --- | --- | --- | --- | --- |
| a. Title: |  | Surname: |  | Name: |

|  |  |  |
| --- | --- | --- |
| b. Date of birth: |  | ID Number: |

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| --- | --- | --- |
| Disabled: Yes / No |  | If yes, please indicate type of disability |

1. Postal Address:

Postal code:

1. Residential Address:

Postal code:

|  |  |  |
| --- | --- | --- |
| e. Home Telephone number: |  | Cell number: |

f. E-mail address (*if any*):

|  |  |  |
| --- | --- | --- |
| g. Home Language: |  | Second Language: |

h. Gross annual income of your household (*if any*):

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| **2. APPLICANT’S ACADEMIC INFORMATION** |

1. Name of University / Technikon / College / School and contact number and level of current studies / highest standard passed:

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1. Proposed study programme in 2024:
2. Proposed study institution of study in 2024:

*(Matric students must give an indication of where they have made applications for further/ higher education studies)*

1. Envisaged career after completion of intended studies:
2. Most recent examination results: *(Please attach certified copies of your most recent academic results)*
3. Student number *(where applicable)*:

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| **3. STATEMENT BY APPLICATION** *(brief motivation in support of the application)* |

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| **4. APPLICANT’S DECLARATION** |

*(All applicants* ***MUST*** *complete this section)*

# All information contained in this application form is true. I understand that should the information provided be found to be false at any stage, my bursary application will be disqualified.

|  |  |  |
| --- | --- | --- |
| Signature of applicant: |  | Date: |

Please attach the following documents to your Bursary Fund Application Form:

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| * **Copy of applicant’s Identity Document** |
| * **Proof of residence i.e. Municipal Account / Councillor letter of acknowledgement** |
| * **Proof of household income / affidavit if parent(s) or guardian is unemployed** |
| **Letter of Acceptance / Academic Admission to the Institution for 2024** |

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