

2023

NDWEDWE LOCAL MUNICIPALITY UMASIPALA WASENDWEDWE

Private Bag X503 Ndwedwe, 4342 KwaZulu-Natal Republic of South Africa

Tel: (032) 532 5000 Fax: (032) 532 5031 (032) 532 5032

STUDY ASSISTANCE FULL TIME APPLICATION FORM

IMPORTANT: PLEASE ATTACH THE FOLLOWING DOCUMENTS:

- ✓ Comprehensive CV,
- ✓ Certified copies of ID & latest results,
- ✓ Guardian or parent's proof of income,
- ✓ Motivational letter explaining why you have chosen the preferred field of study
- ✓ A provisional letter from a recognized institution that confirm the student is currently registered
 - ✓ Confirmation of residential information by the Ward Councillor.
 - ✓ Proof of residence

CLOSING DATE: 22 DECEMBER

SECTION A: PERSONAL DETAILS				
TITLE: (Mr./Mrs./Miss/ Other)				
FULL NAME (S)				
SURNAME:				
DATE OF BIRTH: (DD/MM/YY)	IDENTITY No:			
POPULATION GROUP:				
NATIONALITY:				
RESIDENTIAL ADDRESS:				
DOCTAL ADDRESS	CODE:			
POSTAL ADDRESS:				
	CODE:			
CONTACT TELEPHONE No:				
CELL PHONE No:				
ALTERNATIVE:				
EMAIL ADDRESS:				

CHOOL SUBJECTS Subjects		Symbol	Subjects		Symbol
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niversity	U	Iniversity of Tec	nnology	FET College	
and of inationsing	<u>'</u>				
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ancial breakdown:	Descriptions	 S:			Cost (s)
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ica do 11)	Tuition fees				
	Prescribed	books fees (max	timum value of R6	000.00)	
			Total:		
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SECTION E: CONFIRMATION OF APPLICANT'S RESIDENTIAL INFORMATION BY THE WARD COUNCILLOR

WARD COUNCILLOR	SIGNATURE	STAMP
I	ID NO	in
my capacity as an applicant certify that the above particular any falsify information will lead to my application being void	rs are true and correct to the best of r or disqualified.	ny knowledge. I fully understand that
SIGNATURE OF APPLICANT	DATE	
SIGNATURE OF PARENT OR GUIDIAN	DATE	
(IN CASE OF MINOR)		