



NDWEDWE LOCAL MUNICIPALITY UMASIPALA WASENDWEDWE

Private Bag X503
Ndwedwe, 4342
KwaZulu-Natal
Republic of South Africa
Tel: (032) 532 5000
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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

2023

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: | | | |
| | | CODE: | |
| POSTAL ADDRESS: | | | |
| | | CODE: | |
| CONTACT TELEPHONE No: | | | |
| CELL PHONE No: | | | |
| ALTERNATIVE: | | | |
| EMAIL ADDRESS: | | | |

SECTION B: ACADEMIC DETAILS, SCHOOL

(Kindly attach a certified copy of your latest examination results, to be followed by your December results, as soon as they are available)

NAME OF SCHOOL ENROLLED WITH THIS YEAR:

SCHOOL SUBJECTS

| Subjects | Symbol | Subjects | Symbol |
|----------|--------|----------|--------|
| | | | |
| | | | |
| | | | |
| | | | |

Type of institution you intend enrolling with next year? Tick appropriate field:

| | | |
|------------|--------------------------|-------------|
| University | University of Technology | FET College |
|------------|--------------------------|-------------|

Name of institution:

Proposed field of study:

Modules:

Financial breakdown:
(attach proof from institution)

| Descriptions: | Cost (s) |
|----------------------------------------------------|----------|
| Registration fees: | |
| Tuition fees: | |
| Prescribed books fees (maximum value of R6 000.00) | |
| | |
| Total: | |

SECTION C: FAMILY AND FINANCIAL DETAILS**Declaration of financial position:**

(To be completed by the parent, guardian, or person on whom the applicant is dependent for financial support or assistance)

Documents to be submitted with the application form:

- Parent or guardian's salary advice,
- Certified copy of income statement if parent or guardian is self-employed

Full name of applicant:

Name of person on whom applicant is dependant for support:

Relationship to applicant:

Occupation of responsible adult:

Full name and address of employer, or own business:

CODE:

Income statement:

| | |
|---------------------------------------------|--|
| Gross monthly income of father/guardian | |
| Gross monthly income of mother/wife/husband | |
| Pension received (per month, if any) | |
| Total monthly income | |

SIGNATURE OF PARENT/ GUARDIAN

DATE:

SECTION D: MOTIVATION BY THE APPLICANT

(A separate page can be used to provide required motivation)

.....
.....
.....

WARD COUNCILLOR

SIGNATURE

STAMP

I ID NO..... in my capacity as an applicant certify that the above particulars are true and correct to the best of my knowledge. I fully understand that any falsify information will lead to my application being void or disqualified.

SIGNATURE OF APPLICANT

DATE

**SIGNATURE OF PARENT OR GUIDIAN
(IN CASE OF MINOR)**

DATE