

Check List

IMPORTANT: PLEASE READ THE ACCOMPANYING INSTRUCTIONS AND COMPLETE THIS FORM CAREFULLY

Furnish full details in block letters in the appropriate spaces below. To qualify for a bursary, please attach photocopies of the following documents:			
1	Proof of residence in a form of Municipal Water utility, Bank Statement or confirmation letter from authorized traditional leaders.	Yes	No
2	Proof of provisional admission from a recognized institution of higher learning		
3	Certified copy of ID document for Applicant		
4	Certified copy of ID document for parent(s) / legal guardian		
5	Certified copy of the latest Grade 12 results/ academic records		
6	Proof of income for parents/ legal guardian		
7	In the case of deceased parents, please attach certified death certificates		
<ul style="list-style-type: none"> Applicant must intend studying on a full time basis. 			
Total combined household income per annum			
<p align="center">CLOSING DATE FOR SUBMISSION: 26 January 2024</p> <p>Completed forms should be submitted at 9th floor office no 901/908 or ground floor at the Civic Centre Cnr Landross Mare Street & Bodenstein Street, or they can be posted to P O Box 111 Polokwane 0700.</p> <p>Enquiries: Tel: 015 290 2504/2029/1468</p>			

PERSONAL DETAILS OF APPLICANT

Full name and Surname: _____

ID number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--

Gender:

Male	
------	--

Female	
--------	--

Race:

A	W	I	C
---	---	---	---

Disability:

Yes	No
-----	----

If Yes, specify (provide medical records): _____

Home Address: _____ Code: _____

Postal Address: _____ Code: _____

Contact Number: _____ Home: _____

Alternative Contact Number: _____

PARTICULARS OF PARENT(S)

NB: Please submit proof of current income (e.g. Latest salary advice or written proof from the employer).

PARENT(S)

Full Name and Surname of Mother: _____

Home Address: _____

Postal Address: _____

Contact Number: _____

Signature of the Mother: _____ Date: _____

Occupation of Mother: (e.g. Teacher, Domestic worker, Pensioner) _____

Full Name and Surname of Father: _____

Home Address: _____

Postal Address: _____

Contact Number: _____ Work: _____

Occupation of Father: (e.g. Teacher, Domestic worker, Pensioner) _____

Total combined household income per annum: _____

Signature of the Father: _____ Date: _____

PARTICULARS OF LEGAL GUARDIAN INCASE OF DECEASED PARENT(S)

NB: *Please submit proof of current income (e.g. Latest salary advice or written proof from the employer).*

LEGAL GUARDIAN

Full Name and Surname of Legal Guardian: _____

Home Address: _____

Postal Address: _____

Contact Number: _____ Work: _____

Occupation of Legal Guardian: (e.g. Teacher, Domestic worker, Pensioner) _____

Total combined household income per annum: _____

LEGAL GUARDIAN SIGNATURE

DATE

EDUCATIONAL QUALIFICATIONS OF APPLICANT

A. HIGH SCHOOL EDUCATION

Grade passed: _____ School: _____

Year of Matric Examination: _____

Do you comply with the requirements for University/University of Technology and or/TVET admission?

YES ☐

NO ☐

If yes, have you already applied for admission to intended field of study?

B. TERTIARY INSTITUTION (INTENDED / PRESENT)

1. Name of Institution: _____

Degree/Diploma for which you enrolled or intended to: _____

Full-time study (state the year of study): _____

<p>THE FOLLOWING SECTION MUST BE COMPLETED IN THE PRESENCE OF A COMMISSIONER OF OATHS</p>
--

| -----

HEREBY DECLARE UNDER OATH THAT-

- i) The details supplied by me in the Application for Financial Assistance, is a true reflection of my position for 20.....
- ii) Should I be granted financial assistance by Polokwane Municipality -
 - I undertake to abide by Polokwane Municipality's rules pertaining to the granting of financial assistance.
 - I understand that the bursary will not be renewed automatically
 - I agree that Polokwane Municipality's External Bursary Committee retains the right to reduce the award if the amount exceeds the full prescribed University, University of Technology or TVET college fees for that particular academic year.
 - I agree that no credit balance of Polokwane Municipality administered award will be refunded to me.
- iii) I hereby authorize the Polokwane Municipality to supply any Institution or Organization with any information pertaining to my financial and academic position as may be required by that Institution or Organization.
- iv) I understand that, should any relevant information be omitted or found to be incorrect, Polokwane Municipality shall withdraw the bursary.

Signed at on the Day of 20...

Signature of Applicant:		Commissioner of Oaths
Signature of Parent/ legal Guardian (if Applicant is under the age of 18 years):		
Witness:		
Witness:		