



Garden Route District Municipality
 Head Office
 54 York Street
 George
 6530

PO Box 12
 6530
 Tel nr: (044) 803 1300

BURSARY APPLICATION FORM

(This form must be completed in writing by the applicant)

PART A: PERSONAL PARTICULARS												
Surname							Title	Mr	Mrs	Miss		
First names												
Identity Number												
(Attach a certified copy of your identity document)							Date of birth					
For the purpose of monitoring employment equity in terms of bursaries, it would be appreciated if you would provide information regarding your race, gender and disability.												
Gender	Male		Female		Disability (Please specify)							
Race	Asian		African		Coloured		White		Other			
Permanent residential address (Attach proof of permanent residential address)												
				Postal code								
Address at which you can be contacted at all times												
				Postal code								
Permanent address if different from residential address												
				Postal code								
Home telephone number				Cellular number				Alternative number				
Name of next of kin												
Relationship to applicant												
Identity number of next of kin												
Telephone numbers of next of kin												
Home				Cellular								

PART B: BURSARY PARTICULARS

Field of study bursary is applied for	
Name of educational institution at which you are or will be studying	

PART C: HOUSEHOLD CIRCUMSTANCES

Joint monthly household income <i>(Attached certified copies of pay slips or sworn affidavits)</i>			
R0–R10,000	R10,001 – R30,000	R30,001 – R50,000	R50,001 – 80,000
R80,001 – R120,000	R120,001 – R140,000	R140,001 – R160,000	R160,001 and more
State number of persons dependant on the annual household income			

PART D: COMPULSORY EDUCATIONAL INFORMATION

Grade 12/Latest subjects	Symbols obtained

*(Attach official proof of results from school / institution or the Department of Education and senior certificate)***Post school qualifications**

Name of institution	
Field of study	
Subjects already passed	Year in which subjects were passed

(Attach official proof of results from institution)

Course to be enrolled for in 2020	
Name of institution	
Total (all inclusive) costs of studies for 2020	
Subjects enrolled for 2020	

(Attached proof of registration and cost)

PART E: GENERAL INFORMATION

Have you received a bursary from the Garden Route District municipality in the past?	YES		NO	
What would you consider special achievements obtained to date?				
List extra-mural activities in which you participate (including sport and community involvement)				
List your hobbies				
Please motivate why you have chosen this course of study:				
What personal qualities do you consider necessary to be successful in the career which you have chosen?				

PART F: REFERENCES

Please provide the names of TWO teachers/lecturers/tutors to whom you are well-known and whom the Garden Route District municipality may contact:

Name		Telephone	
Name		Telephone	

I understand that any false or misleading information furnished on this bursary application form or in connection with this bursary application may result in rejection of the application or if already awarded a bursary by the Garden Route District municipality in the withdrawal thereof and recovery of all monies already paid.

Signature		Date	
Signature of guardian (in the case of minor)		Date	

PLEASE NOTE

No late applications will be considered
Applications will not be acknowledged in writing and copies of supporting documents will not be returned