



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 (Attached certified copies of pay slips or sworn affidavits)			
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 dependent 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 2024			
Name of institution			
Total (all inclusive) costs of studies for 2024			
Subjects enrolled for 2024			
(Attached proof of registration and cost)			

PARTE 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