



UBUHLEBEZWE MUNICIPALITY



COMMUNITY BURSARY

APPLICATION FORM

| | |
|-----------------------------|--|
| Title | |
| Names | |
| Surname | |
| ID Number | |
| Tertiary Institution | |
| Qualification | |
| Amount Requested | |

2016

Please print when completing this form. Mark the appropriate blocks with an "X" Failure to complete this application form fully and correctly may prejudice the applicant's chances of obtaining a bursary.

Submit the completed application form and the relevant attachments as per address supplied in the advertisement.

PERSONAL PARTICULARS

FIRST NAMES

SURNAME

IDENTITY NUMBER

DATE OF BIRTH

POSTAL ADDRESS

PHYSICAL ADDRESS

Telephone number

DISTRICT

Alternative number

Local Municipality

Cell phone number

Ward Number

FAX NUMBER

Councillor

NATIONALITY

Marital Status

GENDER

MALE

FEMALE

DISABILITY

YES

NO

RACE

Are you employed

Criminal Offences

YES

NO

Did you consult a vocational councillor regarding your choice of study

YES

NO

Have you previously received a municipality bursary?

YES

NO

If yes – until which year?

Are/were you in possession of another bursary/financial aid

YES

NO

If yes, please indicate the name of the donor

Obligations attached to bursary/financial aid

Have all the obligations been fulfilled

YES

NO

Name of the degree or diploma which you are applying for:

What will be major Subjects for the degree or diploma?

Number of years you intend studying for:

Name of tertiary institution at which you intend studying at:

Provisional acceptance from the tertiary institution at which you intend studying

Received

Not Received

QUALIFICATIONS

Highest standard passed:

Name of school attended

Town/City:

Year :

| UNIVERSITY AND/OR OTHER POST SCHOOL TRAINING/STUDIES | | | |
|---|-------|---|---|
| Are you presently at a tertiary institution | YES | NO | Name of Institution: _____ |
| List of subjects passed thus far: | _____ | _____ | Address of Institution: _____ _____ _____ _____ _____ _____ |
| Current year of study: | _____ | _____ | Name of Degree/Diploma: _____ |
| What is the remaining duration of your current studies as prescribed by the tertiary institution? | _____ | _____ | List the subjects that still need to be completed to obtain the relevant qualification: _____ _____ _____ _____ _____ |
| Please indicate the year you started studying for the current course of studies: | _____ | _____ | Have you ever failed any year of study? If yes, which year? _____ |
| Have you rewritten the examination/s for the subject/s failed? If yes, please indicate the date of the examination: | _____ | _____ | Student number at current institution: _____ _____ |
| Please indicate the annual gross income of your parent/ legal guardian should you be dependent on them during the course of your studies | | | |
| Single parent/guardian LESS THAN R60 000 per annum | _____ | Combined both spouses LESS THAN R120 000 per annum | _____ |
| Full name of parent/legal guardian: | _____ | Contact details of parent/legal guardian: | Tel: _____ Cell: _____ |
| Address of parent/legal guardian: | _____ | Employers address and contact details of parent/legal guardian: | _____ _____ _____ |

REVIEW, SUSPENSION AND EXTENTION

The Ubuhlebezwe Municipality reserves the right, at any time and on any terms or conditions to:

- a) Review the continuation of the bursary; or
- b) Suspend the bursary; or
- c) Having suspended the bursary, reinstate the bursary; or
- d) Extend the period of the bursary.

DECLARATION

I understand that this application for a bursary is not a loan and declare that the above particulars are complete and correct.

SIGNATURE OF APPLICANT

DATE

WITNESS (1)

DATE

WITNESS (2)

DATE

SIGNATURE OF PARENT/LEGAL GUARDIAN

DATE

WITNESS (1)

DATE

WITNESS (2)

DATE

RECOMMENDATION BY WARD COUNCILLOR:

NAME AND SURNAME

SIGNATURE

**STAMP
&
DATE**

RECOMMENDATION BY BURSARY COMMITTEE:

NAME OF CHAIRPERSON

SIGNATURE

DATE

COMMITTEE MEMBER

SIGNATURE

DATE

COMMITTEE MEMBER

SIGNATURE

DATE

COMMITTEE MEMBER

SIGNATURE

DATE

| | | |
|--------------------------|---------------------|-------------|
| APPROVED | NOT APPROVED | |
| | | |
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| | | |
| _____ | _____ | _____ |
| MUNICIPAL MANAGER | SIGNATURE | DATE |

REQUIREMENTS

Please provide the following with the Bursary Application Form:

| | | |
|-----------|---|--|
| 1 | An originally certified copy of an official statement of results as well as official proof of bachelor's/diploma certificate (matriculation exemption) if it is a requirement for the course of study you intend following. | |
| 2 | An originally certified copy of your official study record showing marks, symbols, percentages obtained in all examinations written (including the matriculation examination). | |
| 3 | An originally certified copy of your identity document or smart ID card. | |
| 4 | Copy of the admission requirements from the academic institution for the intended course of study if you have already been accepted. | |
| 5 | Copy of the curriculum (indicating the number of years of study, number of modules/subjects to be taken) from the academic institution for the intended course of study. | |
| 6 | Study plan indicating how the course will be completed over the stipulated bursary period. | |
| 7 | Printout from the academic institution of the tuition fees that will be required. | |
| 8 | Proof of income statement of parent/legal guardian or an affidavit from parent stating that they are unemployed. | |
| 9 | Originally certified death certificate/s of parent/s. | |
| 10 | Letter of motivation (explain you believe you are deserving of a bursary outlining your circumstances). | |