

WEST COAST DISTRICT MUNICIPALITY



T: (022) 433 8400 F: (022) 433 8484 www.westcoastdm.co.za

MUNICIPAL EXTERNAL BURSARY FUND APPLICATION FORM

NOTES

1. This document is not in any way an agreement or commitment.
2. The bursaries are awarded annually as per the conditions of the agreement between the recipient and the Municipality.
3. Renewal of the bursary is at the discretion of the Municipality.
4. The closing date for applications is 31 October 2022 at 12:00.
5. Your application will remain incomplete until we receive proof of registration to the university or university of technology and final Grade 12 results or latest transcript.
6. Applicants' provisionally awarded bursaries will be notified by 31 October 2022.
7. Return completed form to West Coast District Municipality, P.O. Box 242, Moorreesburg, 7310 [Attention: Manager: Human Resource Development] or hand deliver at 58 Lang Street, Moorreesburg.
8. No original documents attached to the application will be safely kept/returned.
9. No late applications will be considered.
10. Council beholds the right to award or not award a bursary.

REQUIREMENTS

1. Only candidates who are registered at a University or a University of Technology will be evaluated;
2. Candidates must be registered to study for an undergraduate degree in the following fields:
 - Economics
 - Internal Auditing / Risk Management
 - Civil Engineering / Electrical Engineering
 - Financial Management / Accounting
 - Supply Chain Management
 - ICT
 - Human Resource Management / Development
 - Public Administration / Management
 - Environmental Health Practices
3. Only students with a minimum level of 40% in Mathematics or 50% in Mathematical Literacy will be considered.
4. Only candidates with an average mark of 60% or higher will be considered; or candidates with an average mark of 50% or higher, with a Mathematics mark of 60% or higher.

THE FOLLOWING MUST BE ATTACHED TO THIS APPLICATION

(failure to provide all required documents in this section will disqualify your application)

1. Certified copies of (not older than three months):
 - Applicants' ID;
 - Parents'/ Guardians' ID's;
 - Proof of permanent residential address of Applicant and Parents/Guardians;

- Proof of Parents/Guardians' salary advice, pay-slip or 3 months bank statement (if unemployed) or affidavits of unemployment;
- Grade 12 results (statement of symbols) or latest transcript;
- University proof of registration;
- Copies of ID documents/birth certificates of persons dependent on family income;
- Affidavit of guardianship (if not staying with parents).

TO BE COMPLETED BY THE APPLICANT

SECTION A	PERSONAL PARTICULARS OF STUDENT												
SURNAME				TITLE				MR		MRS		MIS	S
FIRST NAMES													
IDENTITY NUMBER								AGE					
(Attach an originally 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 and attach proof)							
RACE		ASIAN		AFRICAN		COLOURED		WHITE		OTHER			
RESIDENTIAL ADDRESS (Attach proof of permanent residential address)				POSTAL CODE									
PERMANENT ADDRESS IF DIFFERENT FROM RESIDENTIAL ADDRESS				POSTAL CODE									
HOME TELEPHONE NUMBER				CELLULAR NUMBER				ALTERNATIVE NUMBER					
ANY RELATIONSHIP WITH AN EMPLOYEE(S) OF THE WEST COAST DISTRICT MUNICIPALITY													
YES		NO		1.									
IF YES, NAME(S) OF EMPLOYEE(S)				2.									
ANY RELATIONSHIP WITH A COUNCILLOR(S) OF THE WEST COAST DISTRICT MUNICIPALITY													
YES		NO		1.									
IF YES, NAME(S) OF COUNCILLOR(S)				2.									
SECTION B1	COMPULSORY EDUCATIONAL INFORMATION (Attach originally certified true copy of results)												
SUBJECTS OF THE HIGHEST STANDARD PASSED										SYMBOLS/GRADES OBTAINED			
SECTION B2	POST SCHOOL QUALIFICATIONS (Attach originally certified true copy of results)												

NAME OF INSTITUTION (University/College)			
STUDY COURSE			
SUBJECTS ALREADY PASSED		YEAR IN WHICH SUBJECTS WERE PASSED	
1.		1.	
2.		2.	
3.		3.	
4.		4.	
SECTION C	BURSARY PARTICULARS (attach proof of registration, quotation of study fees and textbooks)		
REGISTERED STUDY COURSE FOR WHICH BURSARY IS APPLIED FOR		REGISTERED YEAR	
DURATION OF STUDY COURSE		NQF LEVEL OF STUDY COURSE	
NAME OF EDUCATIONAL INSTITUTION AT WHICH YOU ARE REGISTERED			
STUDENT NUMBER		ACADEMIC YEAR (e.g. 1 st or 2 nd or 3 rd)	
SUBJECTS ENROLLED FOR			
1.		2.	
3.		4.	
5.		6.	
7.		8.	
TOTAL ANNUAL ESTIMATED STUDY FEES		R	
REGISTRATION COST		R	
CLASS FEES		R	
COST OF TEXTBOOKS		R	
OTHER COST (specify – e.g. library card, etc.)		R	
TOTAL COST		R	
SECTION D	GENERAL INFORMATION		
HAVE YOU RECEIVED A BURSARY FROM THE WEST COAST DM IN THE PAST?		YES	NO
DO YOU RECEIVE A BURSARY AND / OR ASSISTANCE FROM ANOTHER INSTITUTION?		YES	NO
IF YES, STATE WHETHER IT IS A FULL BURSARY AND / OR ASSISTANCE.			
<p>NB: In your own handwriting on a separate sheet of paper write an essay on:</p> <ol style="list-style-type: none"> 1. Firstly: What motivates you to study in the funded field? and 2. Secondly: Why do you believe you should be awarded the bursary? <p>(Note that the essay must not exceed 1 000 words.)</p>			
SECTION E	REFERENCES		
PLEASE PROVIDE THE NAMES OF TWO TEACHERS / LECTURERS / TUTORS TO WHOM YOU ARE WELL KNOWN AND WHOM THE WEST COAST DM MAY CONTACT:			
NAME		TELEPHONE	
NAME		TELEPHONE	
SECTION F	DECLARATION BY APPLICANT		
I _____ hereby declare that the information stated in this application, (FULL NAMES AND SURNAME)			

including information about my parents/ guardian is true to the best of my knowledge and belief. I have submitted this information knowing that, if I wilfully stated anything which I know to be false or which I do not believe to be true, I may be declared ineligible for the bursary by the Municipality. I agree that the Municipality may have access to my Grade 12 results and university transcripts for use in the process of awarding bursaries.

SIGNATURE OF APPLICANT		DATE	
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TO BE COMPLETED BY THE PARENT/GUARDIAN

SECTION G		PERSONAL PARTICULARS OF PARENT/GUARDIAN													
SURNAME								TITLE	MR		MRS		MISS		
FIRST NAMES															
IDENTITY NUMBER													AGE		
(Attach an originally 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									
HOME TELEPHONE NUMBER				CELLULAR NUMBER				ALTERNATIVE NUMBER							

SECTION H		HOUSEHOLD CIRCUMSTANCES											
MONTHLY HOUSEHOLD INCOME AND EXPENDITURE STATEMENT													
(Attached originally certified true copies of payslips of at least three (3) months or sworn affidavits)													
R0 – R2,500			R2,501 – R5,000			R5,001 – R7,500			R7,501 – R10,000				
R10,001 – R12,500			R12,501 – R15,000			R15,001 – R17,500			R17,501 and more				
Income A		Rand Value		Income B		Rand Value		Expenditure C		Rand Value			
Salaries (gross)				Salaries (gross)				Rent					
Business				Business				Bond					
Informal selling				Informal selling				Loans					
Pensions				Pensions				Rates					
Disability Grant				Disability Grant				Groceries					
Forester Grant				Forester Grant				Maintenance					
Child Grant				Child Grant				Telephone					
Rental				Rental				Clothing					
Other (Specify)				Other (Specify)				Transport					
								Other (Specify)					
Total A:		R		Total B:		R		Total:					R

Total net income (A + B - C):

R

DETAILS OF ALL PERSONS DEPENDENT ON THE FAMILY (Please list all those who are dependent on the family income. If you have a sibling studying at another institution, please provide proof of their registration and indicate their year of study.)

STATE NUMBER OF PERSONS DEPENDANT ON THE MONTHLY HOUSEHOLD INCOME					
Name	Age	How is the person related?	State why the person is dependent if not part of the immediate family.	Categories of the persons, e.g. pre-school, school, scholar student, adult	Indicate the type of income received by/for dependents: wage/salary/child support/business profit, etc.

SECTION H DECLARATION BY PARENT/GUARDIAN

I _____ hereby declare that the information stated in this application, (FULL NAMES AND SURNAME) is true to the best of my knowledge and belief. I have submitted this information knowing that, if I wilfully stated in it anything which I know to be false or which I do not believe to be true, the Applicant may be declared ineligible for the bursary by the Municipality. The above consent also extends to the personal information of the Applicant, where the Applicant is a minor and I confirm that I am a competent person to provide this consent on behalf of the minor Applicant.

SIGNATURE OF PARENT/GUARDIAN		DATE	
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PLEASE NOTE THAT IN TERMS OF THE APPROVED EXTERNAL BURSARY FUND POLICY OF THE WEST COAST DISTRICT MUNICIPALITY:

- The closing date for applications will be regarded as the date on which requirements, as stipulated in this Policy, should be met by applicants.
- Incomplete bursary applications which lack the required supporting documentation, documents not certified, or late applications shall not be considered.
- West Coast District Municipality shall not be held responsible for students not being registered, should the process, for any reason whatsoever, be delayed or withdrawn.
- Should Council be dissatisfied with a student’s study performance based on progress reports, it reserves the right to terminate any further payments and to disqualify such a student from future participation in the External Bursary Fund.
- Submission of fraudulent information will lead to automatic disqualification and/or withdrawal of all financial assistance granted in terms of the External Bursary Fund, or a claim that all fees be paid back to the West Coast District Municipality. The matter may also be reported to the South African Police Services, if appropriate.
- Students will be obliged to submit progress reports twice per year at the end of July and November.
- Students to whom participation in the External Bursary Fund has been granted will be obliged to sign a Study Agreement (Memorandum of Agreement) with the West Coast District Municipality.