

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)

PARTA: PERSONAL PARTICULARS																			
Surname								Title M			Mr			Mrs			Miss		
First names																			
Identity Number																			
(Attach a certified copy of your identity docur				ment)				D	ate o	f b il h									
For the purpose of monitoring employment equity in terms of bursari provide information regarding your race, gender and disability.								aries,	it wc	uldb	e ap	opre	ciated	d if y	OU W	ould			
Gender	Male		Female Disability (Please specify)																
Race	Asian		Africa	ın		Coloured White					Other								
Permanent residential address (Attach proof of permanent residential address)				Post	al cod	de													
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				Ce				ellula	lular										

PART B: BURSARY PARTICULARS									
Field of study busayis applied for									
Name of educational institution at which you are or will be studying									
PART C: HOUSEHOLD CIRCUMSTANCES									
Joint monthly household incom									
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									
Crardo 10/1 artest subjects	PARI D: COMPULSORY EDI								
Grade 12/Latest subjects		Symbols obtained							
(Attach official proof of res	ults from school / institution or	rthe Department of Education an	d senior certificate)						
(,		ool 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 2023	3								
Name of institution	1 0000								
Total (all inclusive) costs of studi	es for 2023								
Subjects enrolled for 2023									
(Attached proof of registration and cost)									

	PARTE GENERAL INFO	RMATION							
Have you received a bursary from	n the Garden Route District	YES		NO					
municipality in the past?									
What would you consider special of	achievements obtained to date?								
List extra-mural activities in which	n you participate (including sport and	community involve	ment)						
List your hobbies									
LIST YOU THOUSENESS									
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: REFERENCE								
Please provide the names of TWC municipality may contact:) teachers/lecturers/tutors to whom yo	u are well-known a	nd whom the	Garden Rou	te District				
Name		Telephone							
Name		Telephone							
	misleading information furnished on								
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		Dale							
a									
Signature of guardian		Date							
(inthecaseofminor)									

PLEASE NOTE

No late applications will be considered

Applications will not be acknowledged in writing and copies of supporting documents will not be returned

This bursary is brought to you by <u>SA Bursaries</u>, South Africa's biggest bursary website.

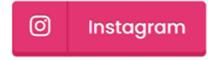
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