



KAAP AGULHAS MUNISIPALITEIT  
CAPE AGULHAS MUNICIPALITY  
U MASIPALA WASECAPE AGULHAS

# CAPE AGULHAS MUNICIPALITY

## External Bursary Application Form 2022/23

*FOR OFFICE USE ONLY*

Approved	
Not Approved	
Conditional Approved	

## INSTRUCTIONS

1. Read carefully before completing, signing, or submitting this form.
2. Ensure that this form is completed in full.
3. Note that this bursary cannot be used to pay for existing loans or debts.

### Criteria:

1. Ensure that this form is duly signed.
2. Application forms with incomplete information will be disqualified.
3. Application forms with incorrect information will lead to your application being disqualified.
4. No faxed application forms will be accepted.

Please attach proof of December 2022 grade 11 and September 2022 grade 12 results.

<b>Required documents:</b>	Tick	
Certified Identity document (ID)	Yes	No
Proof of application/admission to the relevant study institution of Higher Education and Training with projected study duration, course scope, tuition costs, accommodation, and relevant banking details	Yes	No
Certified copy of Cape Agulhas Municipality's Utility Bill or account statement (as proof of address)	Yes	No
In the case of parents/guardian not working original affidavit (South African Police Services) declaring as such	Yes	No
Certified copy of December 2022 and September 2022 results	Yes	No
Parents salary advice	Yes	No
Parents certified copies of ID's	Yes	No

NB! No applications will be considered if not accompanied by all required documents.

Post completed forms or hand deliver to:

<b>HR &amp; OD: Training and Development</b>	<b>Cape Agulhas Municipality</b>
<b>Cape Agulhas Municipality</b>	<b>Van Riebeeck Street</b>
<b>P.O. Box 51</b>	<b>Old Nedbank Building</b>
<b>BREDASDORP</b>	<b>BREDASDORP</b>
<b>7280</b>	<b>7280</b>
<b>For the attention of: Mrs L May</b>	<b>For the attention of: Mrs L May</b>

**SECTION A- PERSONAL DETAILS OF APPLICANT**

Surname: \_\_\_\_\_

First names: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_

Identity Number: \_\_\_\_\_

Home Language: \_\_\_\_\_

SA Citizenship: Yes  No

Gender: Male  Female

Race: African  Indian  Coloured  White

Do you have a disability: Yes  No

If YES, describe the nature of the disability: \_\_\_\_\_

Residential address with postal code: \_\_\_\_\_

Code: \_\_\_\_\_

Postal address with postal code: \_\_\_\_\_

Code: \_\_\_\_\_

Contact telephone numbers including dialling codes:

Cellular: \_\_\_\_\_

Other Contacts: \_\_\_\_\_

Email address: \_\_\_\_\_

Have you ever been found guilty of a criminal offence? Yes  No

If YES, please specify the nature and date of offence: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SECTION B- HIGH SCHOOL ATTENDED**

Name of school: \_\_\_\_\_

School address: \_\_\_\_\_

\_\_\_\_\_

Postal code: \_\_\_\_\_

Local Municipality: \_\_\_\_\_ Town: \_\_\_\_\_

Grade: Currently in Grade 12

Completed Grade 12

**Subjects (List them Below)**

Subject	Grade	Symbol	Percentage

**NB: Attached proof of the latest results.**

**SECTION C – INTENDED TERTIARY STUDY FOR THE NEW ACADEMIC YEAR**

Name of qualification: \_\_\_\_\_

Name of Institution: \_\_\_\_\_

Field/Area of study: \_\_\_\_\_

Duration of study: \_\_\_\_\_

Are you receiving any other bursaries or loan?                      Yes                       No

If YES, describe below the nature of financial assistance and any obligations involved and provide the name of the institution that granted the bursary/loan assistance:

\_\_\_\_\_  
\_\_\_\_\_

*(Please attached proof of admission to accredited tertiary institution)*

**SECTION D (Parent 1) – DETAILS OF FATHER / MOTHER/ GUARDIAN**

Name and Surname: \_\_\_\_\_

Identity No: \_\_\_\_\_

Relationship: Mother  Father  Other  Specify: \_\_\_\_\_

Residential address with postal code: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Code: \_\_\_\_\_

Postal address with postal code: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Code: \_\_\_\_\_

Contact numbers including dialling code: \_\_\_\_\_

Home: \_\_\_\_\_ Work: \_\_\_\_\_

Cellular: \_\_\_\_\_

Email address: \_\_\_\_\_

**Parent 1 - EMPLOYMENT DETAILS**

Name of employer: \_\_\_\_\_

Monthly Salary: \_\_\_\_\_

Address of Employer: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Code: \_\_\_\_\_

Contact telephone details of Employer: \_\_\_\_\_

**Parent 2: DETAILS OF FATHER / MOTHER/ GUARDIAN**

Name and Surname: \_\_\_\_\_

Identity No: \_\_\_\_\_

Relationship: Mother  Father  Other  Specify: \_\_\_\_\_

Residential address with postal code: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Code: \_\_\_\_\_

Postal address with postal code: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Code: \_\_\_\_\_

Contact telephone numbers including dialling code: \_\_\_\_\_

Home: \_\_\_\_\_ Work: \_\_\_\_\_

Cellular: \_\_\_\_\_

Email address: \_\_\_\_\_

**Parent 2 - EMPLOYMENT DETAILS**

Name of employer: \_\_\_\_\_

Monthly Salary: \_\_\_\_\_

Address of Employer: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Code: \_\_\_\_\_

Contact telephone details of Employer: \_\_\_\_\_

**SECTION F – DECLARATION**

I hereby declare that **ALL** the information provided in this application form is complete and correct.

I hereby acknowledge that if **ANY** of the information provided in this application form is found to be incomplete and/or incorrect, my application will be disqualified.

**Signature of:**

APPLICANT: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Signature of (if under 21):**

PARENT / LEGAL GUARDIAN: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_