



CAPRICORN DISTRICT MUNICIPALITY

**Bursary Application Form
For Full Time Bursaries
2016**

INSTRUCTIONS

1. Read carefully before completing, signing or submitting this form.
2. Ensure that this form is completed in full.
3. Complete in BLOCK LETTERS.
4. Note that this bursary cannot be used to pay for existing loans or debts.
5. Only first time entrants to an Institution of Higher Learning as well as Technical, Vocational & Education and Training (TVET) Colleges will be legible for this financial assistance.

Criteria:

5. Ensure that this form is duly signed.
6. Application forms with incomplete information will be disqualified.
7. Application forms with incorrect information will lead to your application being disqualified.
8. No faxed application forms will be accepted.

Ensure that you meet the following:

9. Attach **ALL** of the following documents **REQUIRED**:

- 9.1 Certified copy of a valid senior certificate (if you have completed Grade 12).
- 9.2 Certified copy of a valid South African identity document.
- 9.3 Certified copy of family members Identity document (Section E)
- 9.4 Proof of income for both parents (original document)
- 9.5 Affidavit to attest unemployment status and/or lack of income
- 9.6 Applications received after the closing date will not be considered.
- 9.7 Post completed forms to or hand delivered to:

Posted to:-

**The Records and Registry Unit
Capricorn District Municipality
P.O. Box 4100
Polokwane
0700**

For the Attention of Mr Z Kganakga

Hand delivered to:-

**Capricorn District Municipality
41 Biccard Street
Polokwane**

For the Attention of Mr Z Kganakga

SECTION A - PERSONAL DETAILS OF APPLICANT

1. Surname: _____

2. First names: _____

3. Date of birth: _____

4. Place of residence: _____

5. Identity No.: _____

6. SA Citizenship: Yes No

7. Gender: Male Female

8. Race: African Indian Coloured White

9. Do have a disability: Yes No

If YES, describe the nature of disability: _____

10. Residential address with postal code: _____

Code: _____

11. Postal address with postal code: _____

Code: _____

12. Contact telephone numbers including dialing codes : _____

Home Cellular: _____ Parent/Guardian : _____

Other Contacts: _____ Email address: _____

14. 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

1. Name of school: _____

2. School address: _____

Code: _____

3. Local Municipality: _____ Town/Village: _____

4. Grade: Currently in Grade12 Completed Grade 12

5. Years attended From: _____ To: _____

6. Subjects (List them below)

Subject	Grade	Symbol	Symbol Percentage

NB: Attach proof of the latest results.

SECTION C - INTENDED STUDY FOR THE NEW ACADEMIC YEAR

1. Name of qualification: _____

2. Name of Institution : _____

3. Field/Area of study: _____

4. Period of Study in years: _____

5. Are you receiving any other bursary 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: _____

SECTION D – DETAILS ABOUT PARENT(S) / GUARDIAN(S) / NEXT OF KIN

1. Surname: _____

2. First names: _____

3. Identity No.: _____

4. Relationship: Mother Father Other , Specify: _____

5. Residential address with postal code : _____

Code: _____

6. Postal address with postal code : _____

Code: _____

7. Contact telephone numbers including dialing codes : _____

Home Cellular: _____ Work: _____ Other: _____

Email address: _____

SECTION E - DETAILS OF FAMILY

Please list those who are dependent on the family's income (stated below) start with yourself, followed by your spouse (if any) and then any other dependants.

Note:

If the person received income from more than one source, please list them all. If the income is from wages or a salary, please submit a copy of the latest pay slip with this application. If the income is from the profit of a business, please submit a copy of the official financial statement of the business submitted to the tax authorities last year. If the income is from child support as a result of a divorce, please supply a copy of the relevant sections of the divorce documents.

Name	Age	How is this person related to you (e.g. wife, son)	Please state: Employed, Scholar, Student, unemployed etc	If not employed state how income is derived / family is supported (Attach proof of retrenchment/ unemployment, etc.)	Source of income i.e. Wages? Salary? Pension? Child support? Interest on investments? Business profit?	How much does the person receives from this Source each month? Proof of all income must be Supplied. (See the note at the foot of this page.)

Note 1:

- If you are married, widowed or divorced, or
- If you have supported yourself for more than 3 years, or
- Both your parents are deceased, then please complete section E as the head of the household.

Note 2:

- Please attach Identity documents, pay slips or business statements of each of the members listed above.
- If a member is unemployed and has no source of income, affidavit must be attached to attest such.

SECTION F - DECLARATION

1. I hereby, declare that **ALL** the information provided in this application form is complete and correct.
2. 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.

3. Signature of

3.1 APPLICANT: _____ Name: _____

3.2 Date: _____

4. Signature of

4.1 PARENT / LEGAL GUARDIAN: _____ Name: _____

4.2 Date: _____