



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)

PART A: PERSONAL PARTICULARS												
Surname							Title	Mr		Mrs		Miss
First names												
Identity Number												
(Attach a 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 <span style="color: red;">(Attach proof of permanent residential address)</span>												
				Postal code								
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				Cellular								

**PART B: BURSARY PARTICULARS**

Field of study bursary is applied for	
Name of educational institution at which you are or will be studying	

**PART C: HOUSEHOLD CIRCUMSTANCES**

Joint monthly household income <i>(Attached certified copies of pay slips or sworn affidavits)</i>			
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 dependant on the annual household income			

**PART D: COMPULSORY EDUCATIONAL INFORMATION**

Grade 12/Latest subjects	Symbols obtained

*(Attach official proof of results from school / institution or the Department of Education and senior certificate)***Post school 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 2021	
Name of institution	
Total (all inclusive) costs of studies for 2021	
Subjects enrolled for 2021	

*(Attached proof of registration and cost)*

**PART E: GENERAL INFORMATION**

Have you received a bursary from the Garden Route District municipality in the past?	YES		NO	
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What would you consider special achievements obtained to date?

List extra-mural activities in which you participate (including sport and community involvement)

List your hobbies

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: REFERENCES**

Please provide the names of TWO teachers/lecturers/tutors to whom you are well-known and whom the Garden Route District municipality may contact:

Name		Telephone	
Name		Telephone	

I understand that any false or misleading information furnished on this bursary application form or in connection with this 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 of guardian (in the case of minor)		Date	

**PLEASE NOTE**

No late applications will be considered  
 Applications will not be acknowledged in writing and copies of supporting documents will not be returned