

## 2024

## External Bursary Application Form

OFFICE USE:	
Approved 🗌	Not Approved  Conditional Approved
RURAL WARDS	Y N

External Bursary Application Form Drakenstein Municipality Submission Date: 13 October 2023

A city of **excellence** 

## **APPLICATION FORM FOR BURSARY**

1. PERSONAL INFORMATION								
Surname:								
First Name:								
Date of Birth								
(dd/mm/yy) Identity Number								
Gender								
Population Group (African, Coloured & White)								
Disability								
Home Language								
Marital Status								
Home Address								
	Postal Code							
Home Language:	Cell Number:							
E-mail Address:	Fax Number:							
2. PARTICULARS O	F FATHER/MOTHER/GUARDIAN							
Name and Surname								
Title (e.g. Mr./Miss)								
Employer Physical Address								
	Postal Code							
Tel Number (work)	Cell phone number							
<b>3.</b> ACADEMIC RECORD								
Academic year (high school)	Highest Grade Passed							
Name of Educational Institution	· · · ·							

Subject passed	Subject					Resul	Results		
				_					
Other Studies (if applicable)	Year of study:			Course	d				
Name of Institution				Complete	u				
4. PARTICULARS OF PROPOSED STUDY									
Name of Institution									
Institution Address									
				Г	Destal Ca	4.0			
					Postal Co	de			
Campus (e.g. CPUT Bellville)									
Student Number (If applicable)									
Intended Qualification	Certificate		Diplo	ma		Degree			
(tick appropriate box)			2.0.0			2 08.00			
Intended Field of Study							•		
(e.g. B.com)									
Course of Study (e.g. Financial									
Management)									
Year of Study									
(e.g. 2015)									
Year of Complete Study									
(e.g. 2017) Number of Years of Study									
(e.g. 3 years)									
	5. FUR	THER P	ARTIC	ULARS					
Describe your general									
Describe your general condition of health:									

Explain briefly your reason							
for selecting the course you							
are presently following or							
wish to follow:							
6. DECLARATION							
I hereby declare that details contained in this application form are true and correct.							
· · · · · · · · · · · · · · · · · · ·							
Signature of Applicant Date							
Signature of Perent or Cuerdian							
Signature of Parent or Guardian Date (If the applicant is younger than 21)							
7. CHECKLIST							
Please attach proof of June results and other related documents							
NB! No applications will be considered if not accompanied by all required documentation.							
Required documents	Tick						
1. Application form completed in full with signatures	Yes	N/A					
2. Certified identity document	Yes	N/A					
3. Proof of application/admission to the relevant study institution of		,					
Higher Education and Training with projected study duration, course	Yes	N/A					
scope, tuition costs and relevant banking details		,					
4. Certified copy of Drakenstein Municipality's Utility Bill	Yes	N/A					
5. Certified copy of both parent's salary slips	Yes	N/A					
6. In the case of parents/ guardian not working original affidavit (South	N						
African Police Services) declaring as such	Yes	N/A					

Certified copy of June and/or final year results/previous results

7.

Yes

N/A