



OVERBERG

DISTRIKSMUNISIPALITEIT
DISTRICT MUNICIPALITY
UMASIPALA WESITHILI

OVERBERG DISTRICT MUNICIPALITY

External Bursary Application

FOR OFFICE USE ONLY

Approved	
Not Approved	
Conditional Approved	



**Western Cape
Government**

Provincial Treasury

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.

Required documents:	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 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 Grade 12 results	Yes	No
Parents salary payslips	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:

Human Resource Department	Human Resource Department
Overberg District Municipality	Overberg District Municipality
Private Bag X22	26 Long Street
BREDASDORP	BREDASDORP
7280	7280
For the attention of: Mrs Z Feni	For the attention of: Mrs Z Feni

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 E – 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: _____