



**OVERBERG DISTRICT  
MUNICIPALITY**

**Bursary Application Form  
2021**

## 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 accredited Institution of Higher Learning will be legible for this financial assistance.

### 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.

### Ensure that you meet the following:

1. Attach **ALL** of the following documents **REQUIRED**:
  - 1.1 Certified copy of a valid senior certificate (if you have completed Grade 12).
  - 1.2 Certified copy of a valid South African identity document.
  - 1.3 Certified copy of family members Identity document (Section E).
  - 1.4 Proof of income of both parents (original document).
  - 1.5 Affidavit to attest unemployment status and/or lack of income.
  - 1.6 Applications received after the closing date will not be considered.

Post completed forms or hand deliver to:

#### Post to:

#### Hand delivers to:

<b>Human Recourses</b>	<b>Overberg District Municipality</b>
<b>Overberg District Municipality</b>	<b>26 Long Street</b>
<b>Private bag X 22</b>	<b>Bredasdorp</b>
<b>Bredasdorp</b>	<b>7280</b>
<b>7280</b>	
<b>For the attention of: Mrs Z Feni-Bandla</b>	<b>For the attention of: Mrs Z Feni-Bandla</b>

**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 you have a disability: Yes  No

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

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

\_\_\_\_\_

\_\_\_\_\_

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

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

\_\_\_\_\_

\_\_\_\_\_

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

12. Contact telephone numbers including dialling codes:

Cellular: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_

Other Contacts: \_\_\_\_\_ Email address: \_\_\_\_\_

13. 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: \_\_\_\_\_

\_\_\_\_\_

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

3. Local Municipality: \_\_\_\_\_ Town: \_\_\_\_\_

4. Grade: Currently in Grade 12  Completed Grade 12

5. Years attended From: \_\_\_\_\_ To \_\_\_\_\_

**6. 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**

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 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 – 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 dialling codes: \_\_\_\_\_

Cellular: \_\_\_\_\_ Work: \_\_\_\_\_ Other: \_\_\_\_\_

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

**EMPLOYMENT DETAILS: OF HEAD OF THE HOUSEHOLD**

8. Name of employer: \_\_\_\_\_

9. Date of employment: \_\_\_\_\_

10. Position: \_\_\_\_\_

11. Monthly Salary: \_\_\_\_\_

12. Address of Employer: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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

**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: Employment, 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 provided. (See the note at the foot of the 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.

**Note2:**

- 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**

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

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

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

**4. Signature of**

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

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

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