



NDWEDWE LOCAL MUNICIPALITY UMASIPALA WASENDWEDWE

Private Bag X503
Ndwedwe, 4342
KwaZulu-Natal
Republic of South Africa
Tel: (032) 532 5000
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BURSARY APPLICATION FORM

IMPORTANT: PLEASE ATTACH THE FOLLOWING DOCUMENTS:

- ✓ Comprehensive CV,
- ✓ Certified copies of ID & latest results,
- ✓ Guardian or parent's proof of income,
- ✓ Motivational letter explaining why you have chosen the preferred field of study
 - ✓ A provisional letter of acceptance from a recognized institution
 - ✓ Confirmation of residential information by the Ward Councillor.
 - ✓ Proof of residence

CLOSING DATE: 31 OCTOBER 2017

SECTION A: PERSONAL DETAILS			
TITLE: (Mr./Mrs./Miss/ Other)			
FULL NAME (S)			
SURNAME:			
DATE OF BIRTH: (DD/MM/YY)		IDENTITY No:	
POPULATION GROUP:			
NATIONALITY:			
RESIDENTIAL ADDRESS:			
		CODE:	
POSTAL ADDRESS:			
		CODE:	
CONTACT TELEPHONE No:			
CELL PHONE No:			
ALTERNATIVE:			
EMAIL ADDRESS:			

SECTION B: ACADEMIC DETAILS, SCHOOL

(Kindly attach a certified copy of your latest examination results, to be followed by your December results, as soon as they are available)

NAME OF SCHOOL ENROLLED WITH THIS YEAR:**SCHOOL SUBJECTS**

<i>Subjects</i>	<i>Symbol</i>	<i>Subjects</i>	<i>Symbol</i>

Type of institution you intend enrolling with next year? Tick appropriate field:

University	University of Technology	FET College

Name of institution:**Proposed field of study:****Modules:****Financial breakdown:**

(attach proof from institution)

Descriptions:	Cost (s)
Registration fees:	
Tuition fees:	
Prescribed books fees (maximum value of R6 000.00)	
Total:	

SECTION C: FAMILY AND FINANCIAL DETAILS**Declaration of financial position:**

(To be completed by the parent, guardian, or person on whom the applicant is dependent for financial support or assistance)

Documents to be submitted with the application form:

- Parent or guardian's salary advice,
- Certified copy of income statement if parent or guardian is self-employed

Full name of applicant:**Name of person on whom applicant is dependant for support:****Relationship to applicant:****Occupation of responsible adult:****Full name and address of employer, or own business:****CODE:****Income statement:**

Gross monthly income of father/guardian	
Gross monthly income of mother/wife/husband	
Pension received (per month, if any)	
Total monthly income	

SIGNATURE OF PARENT/ GUARDIAN**DATE:**

I ID NO..... in my capacity as an applicant certify that the above particulars are true and correct to the best of my knowledge. I fully understand that any falsify information will lead to my application being void or disqualified.

SIGNATURE OF APPLICANT

DATE

**SIGNATURE OF PARENT OR GUIDIAN
(IN CASE OF MINOR)**

DATE