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| **HGDM EXTERNAL BURSARY APPLICATION FORM**  |

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| **INSTRUCTIONS REGARDING THIS BURSARY FORM** * **Use block letters to complete the Application form**
* **Give concise answers and where applicable mark with X Attach certified copies of the following:**
* **Identity document**
* **Grade 12 certificate or latest results for current grade 12 learners**
* **Acceptance letter from recognized tertiary institution**
* **Motivation letter(section 4 of the application form)**
* **Proof of income**
* **Proof of residence from ward Councilor**
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Where did you hear about Harry Gwala District Municipality Bursary?

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| Newspaper | Online |  | Friend | Facebook | Other (please specify) |

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| **1.PARTICULARS OF APPLICANTS** |
| Surname: |
| First Names: |
| Identity number: |
| Date of birth: |
| Gender : | Female | Male |
| Race: | African | Coloured | Indian | white |
| Disability: | Yes | No | If yes please specify the nature of disability: |
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| Cell phone no: | Alternative cell no: |
| Home Tell no: | Fax no: |
| Email Address: |
| Postal Address: | Physical Address: |
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| Postal Code |  |  |  |  | Postal Code |  |  |  |  |

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| **2.PARTICULARS OF APPLICANTS** |
| **NB: please attach certified copies of latest grade 12 results, grade 12 certificate, and or tertiary results and academic record** |
| What are you doing this year: | Grade 12 | Full-time tertiary studies | Gap year |
| Highest educational qualification obtained |  |
| Name of the school you are currently attending Or where you completed grade 12 |  |
| Name of tertiary institution you are currently registered at if you have commenced your tertiary studies |  |

**Proposed Programme for 2018**

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| First year students |
| First choice: |
| Institution: | Campus: |
| Second choice |
| Institution: | Campus: |
| Second year students |
| Name of the qualification: |
| Institution: | Campus: |
| Student number: |
| **Attach a certified copy of your latest results and academic record** |

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| **3. DETAILS OF PARENTS/LEGAL GUARDIAN AND FAMILY (LIVING WITH YOU)** |
| **Attach a proof of income: pay slip, grant receipt etc.** |
| Surname : | First names: |
| Relationship: | Father | Mother | Legal Guardian | Other: |
| Marital status: | Married | Divorced | Separated | Unmarried | Deceased | Widowed |
| Employed : | Yes | No | Pensioner: | Yes | No |
| Surname: | First names: |
| Relationship: | Father | Mother | Legal Guardian | Other: |
| Marital status: | Married | Divorced | Separated | Unmarried | Deceased | Widowed |
| Employed : | Yes | No | Pensioner: | Yes | No |
| Surname: | First names: |
| Relationship: | Father | Mother | Legal Guardian | Other: |
| Marital status: | Married | Divorced | Separated | Unmarried | Deceased | Widowed |
| Employed : | Yes | No | Pensioner: | Yes | No |
| **Other members of your family who are living at your home not mentioned above** |
| **Name** | **Relationship (brother, grandparent)** | **Category (child, student ,Adult)** | **Income ( per month)** | **Type of income (wages, grant pension)** |
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| **4. MOTIVATION WHY YOU MUST BE CONSIDERED FOR HGDM BURSARY(use additional pages if necessary)** |
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| DECLARATION |
| **I hereby declare that all the information provided (including any attachments) is complete and correct to the best of my knowledge. I understand that any false information supplied could lead to my application being disqualified.** **Applicants signature :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |