Rig alle korrespondensie aan: Address all correspondence to:

## WESKUS DISTRIKSMUNISIPALITEIT WEST COAST DISTRICT MUNICIPALITY

Posbus / P O Box 242 MOORREESBURG 7310

## MUNISIPALE BESTUURDER / MUNICIPAL MANAGER

T Steinmann Navrae / Enquiries: Verw. Nr. / Ref. No.: 7/6/1



Telefoon / Phone: (022) 433-8400 Faks / Fax: (022) 433-8484 E-pos Adres / E-mail Address: westcoast@wcdm.co.za

## **MUNICIPAL EXTERNAL BURSARY FUND APPLICATION FORM**

(PLEASE NOTE: This form must be completed in the own handwriting of the applicant)

PART A: PERSONAL PARTICULARS															
SURNAME					TITLE N		MR		MRS			MISS			
FIRST NAMES															
<b>IDENTITY NUMI</b>											AGE				
(Attach an originally certified copy of your identi							TE O								
For the purpos			burs	saries	s, it	woul	d be	appre	eciate	ed if	you would				
provide information regarding your race, gender and disability.															
GENDER	MALE	FEM				BILITY (P	leas	e spe							
RACE	ASIAN	AFR	ICAN		COL	OURED			WH	IITE			OTH	IER	
PERMANENT RESIDENTIAL ADDRESS															
(Attach proof of permanent residential address)															
					POSTAL CODE										
ADDRESS AT WHICH YOU CAN BE CONTACTED AT ALL TIMES															
				BE											
				POS	TAL COD	E									
PERMANENT ADDRESS IF DIFFERENT FROM RESIDENTIAL ADDRESS															
				ROM											
				-		_									
				POSTAL CODE					-						
HOME TELEPHONE NUMBER				CELLULAR NUMBER					AL	ALTERNATIVE NUMBER					
												~			
ANY RELATIONSHIP WITH AN EMPLOYEE(S) OF THE WEST COAST DISTRICT MUNICIPALITY															
YES	NO														
IF YES, NAME OF EMPLOYEE(S) 2.															
ANY RELATIONSHIP WITH A COUNCILLOR(S) OF THE WEST COAST DISTRICT MUNICIPALITY															
YES	NO		1.												
IF YES, NAME OF COUNCILLOR(S) 2.															

PART B: HOUSEHOLD CIRCUMSTANCES									
MONTHLY HOUSEHOLD INCOME									
(Attached originally certified true copies of payslips of at least three (3) months or sworn affidavits)									
R0 – R2,500	R2,501 – R5,000	R5,001 – R7,500	R7,501 – R10,000						
R10,001 – R12,500	R12,501 – R15,000	R15,001 – R17,500	R17,501 and more						
			,						
STATE NUMBER OF PERSO									
PART C: COMPULSORY EDUCATIONAL INFORMATION									
SUBJECTS OF HIGHEST ST	SYMBOLS OBTAINED								
(Attach originally certified to	rue copy of results)								
	POST SCHOOL QUALIFICATIONS								
NAME OF INTITUTION									
STUDY COURSE									
SUBJECTS ALREADY PASS	SED	YEAR IN WHICH SUBJECTS \	WERE PASSED						
(Attach originally certified to	· · · · · · · · · · · · · · · · · · ·								
		RY PARTICULARS							
STUDY COURSE BURSARY IS APPLIED FOR									
DURATION OF STUDY COU									
NAME OF EDUCATIONAL INSTITUTION AT WHICH YOU ARE OR WILL BE STUDYING									
TOTAL ANNUAL ESTIMATE	D STUDY FEES	R							
STUDENT NUMBER		ACADEMIC YEAR (e.g. 1 <sup>st</sup> or 2	<b>2</b> nd)						
STUDY COURSE ENROLLE									
NAME OF EDUCATIONAL IN									
REGISTRATION COST (atta	ch proof)	R							
CLASS FEES		R							
COST OF STUDY MATERIA		R							
OTHER COST (specify)		R R							
TOTAL COST									
SUBJECTS ENROLLED FOR									
1.		2.							
3.		4.							
5.		6.							
7.		8.							

PART E: GENERAL INFORMATION											
HAVE YOU RECE	Y	ES	NO								
DO YOU RECEIVE A BURSARY AND / OR ASSISTANCE FROM ANOTHER INSTITUTION?						NO					
IF YES, STATE WHETHER IT IS A FULL BURSARY AND / OR ASSISTANCE						NO					
PLEASE MOTIVATE WHY YOU HAVE CHOSEN THIS STUDY COURSE:											
PART F: REFERENCES											
PLEASE PROVIDE THE NAMES OF TWO TEACHERS / LECTURERS / TUTORS TO WHOM YOU ARE WELL KNOWN											
AND WHOM THE WEST COAST DM MAY CONTACT:											
NAME			TELEPHONE								
NAME			TELEPHONE								
I CERTIFY THAT THE INFORMATION CONTAINED ON THIS FORM IS TRUE AND ACCURATE TO THE BEST OF MY											
KNOWLEDGE. I UNDERSTAND THAT THE SUBMISSION OF FRAUDULENT INFORMATION WILL LEAD TO											
AUTOMATIC DISQUALIFICATION AND/OR WITHDRAWAL OF ALL FINANCIAL ASSISTANCE GRANTED IN TERMS											
OF THE EXTERNAL BURSARY FUND, OR A CLAIM THAT ALL FEES BE PAID BACK TO THE WEST COAST											
DISTRICT MUNICIPALITY. IN APPROPRIATE CASES, THE MATTER MAY ALSO BE REPORTED TO THE SOUTH											
AFRICAN POLICE SERVICES.											
SIGNATURE			DATE								
SIGNATURE OF GUARDIAN											
			DATE								
(in the case of a minor)											

## PLEASE NOTE THAT IN TERMS OF THE APPROVED EXTERNAL BURSARY FUND POLICY OF THE WEST COAST DISTRICT MUNICIPALITY -

- The closing date for applications will be regarded as the date on which requirements as stipulated in this Policy should be met by applicants.
- Incomplete bursary applications which lack the required supporting documentation, or late applications shall not be considered.
- West Coast District Municipality shall not be held responsible for students not being registered, should the process, for any reason whatsoever, be delayed or withdrawn.
- Should Council be dissatisfied with a student's study performance based upon progress reports, it reserves the right to terminate any further payments and to disqualify such a student from future participation in the External Bursary Fund.
- Submission of fraudulent information will lead to automatic disqualification and/or withdrawal of all financial assistance granted in terms of the External Bursary Fund, or a claim that all fees be paid back to the West Coast District Municipality. In appropriate cases, the matter may also be reported to the South African Police Services.
- Students will be obliged to submit progress reports twice per year at the end of July and November.
- Students to whom participation in the External Bursary Fund have been granted will be obliged to sign a Study Agreement (Memorandum of Agreement) with the West Coast District Municipality.