



**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:

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

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: _____