PRINCE ALBERT MUNICIPALITY

APPLICATION FOR AN EXTERNAL BURSARY

BURSARY PARTICULARS					
Bursary applied for: Field of study					
PERSONAL PARTICULARS					
Surname:			Title:Mr □	Mrs 🗆 Miss 🗆	
First names:					
Date of birth					
Identity number:					
NB: A certified copy of your identification document must be attached.					
For the purpose of monitoring employment equity in terms of bursaries, it would be appreciated if you could provide information regarding your race, gender and disability.					
Please indicate with x:					
Asian \square	African 🗆	Coloured \square	White \Box		
Male \square	Female				
Disability (Please Specify)					
Permanent Residential Address					
			Postal Co	ode	
Postal address if differe	ent from residential a	dress:			

Tel: Home (code)	Postal code			
Cell Number:				
E-mail Address:				
Name of next of Kin	Identity number of next of kin			
Relationship to applicant	Tel number of next of kin:			
EDUCATIONAL INFORMATION				
Name of institution:				
GENERAL				
Have you ever received a bursary ? If yes, give details of any outstanding bursary commitments:				
What would you consider special achievements obtained to date?				

List all extra-mural activities including sport in which you participate/community involvement:				
List your hobbies:				
Please indicate why you have chosen this course of study:				
What personal qualities do you consider necessary to be succesful in the career which you have chosen?				
HEALTH				
Do you have any health problems which may interfere with your chosen course of study and career?				

REFERENCES				
Please give the names of two teachers / lectures / tutors to whom you are well known, who we may contact.				
1) Name:	Tel no:			
Relationship:				
2) Name:	Tel no:			
Relationship:				
DECLARATION				
I understand that any false or misleading information furnished on this bursary application form or in connection with this bursary application may result in rejection of the application or if already awarded a bursary by the				
organisation in the withdrawal thereof and recovery of all monie	s already paid.			
Signature:	Date:			