



**BUSHBUCKRIDGE LOCAL MUNICIPALITY**

**APPLICANT;**

**NAME AND SURNAME:** \_\_\_\_\_

**NAME OF INSTITUTION (WHERE THE APPLICANT APPLIED/BEEN ACCEPTED):** \_\_\_\_\_

**FIELD OF STUDY YOU ARE APPLYING FOR (B.A DEVELOPMENT STUDIES, ETC.):**  
\_\_\_\_\_

**DURATION OF STUDY:** \_\_\_\_\_

**BURSARY APPLICATION FORM**  
**2018**  
**EXTERNAL**

**Closing date: 12 January 2018**

**Administered by**  
**Bushbuckridge Local Municipality**  
**Directorate: Community Services**

**BURSARIES WILL BE AWARDED TO APPLICANTS TO STUDY FULL-TIME AT ACCREDITED HIGHER EDUCATION INSTITUTIONS TO STUDY TOWARDS IDENTIFIED STUDY FIELDS/SCARE SKILLS, FOR THE MINIMUM PRESCRIBED DURATION OF THE COURSE.**

**1. THE FOLLOWING DOCUMENTS MUST ACCOMPANY YOUR APPLICATION:**

- 1.1. Certified copies of birth certificate or identification document (ID)
- 1.2. Certified copies of salary statements of both parents/guardians. In the case of one or both parents, submit copies of death certificates. In the case of orphans, submit a letter from the social worker.
- 1.3. Certified copies of grade 12 certificate (or a copy of grade 12 June examination results if you are currently in Grade 12).
- 1.4. In the case of applicant who states that they have a disability, provide proof from a registered medical doctor or clinic/hospital.
- 1.5. Acceptance letter from a tertiary institution.
- 1.6. Proof of residence.
- 1.7. A letter from local social worker confirming indigent status or municipality.

**2. INSTRUCTIONS AND COMPLETION OF THE APPLICATION FORM**

- 2.1. For any further enquiries and assistance in completing the application form, please contact the bursary office at Bushbuckridge Local Municipality, Private Bag X 9308, Bushbuckridge, 1280. R533 Graskop Road opp. Mapulaneng DLTC, Maviljan Region, Bushbuckridge. **Telephone number: 013 799 1835/45/51/57.**
- 2.2. Incomplete application forms will not be considered
- 2.3. Please complete the form **using capital letters in black ink.**
- 2.4. Mark appropriate block with an **“X”**
- 2.5. No bursary will be granted if it does not comply with the criteria.
- 2.6. No change of course from the one which the bursary was allocated will be approved.
- 2.7. Consult with vocational councilors at a tertiary institution to make sure that you qualify for admission in the study field you applied for.
- 2.8. The closing date for the submitting application forms is 12 January 2018 and no late application forms will be considered.
- 2.9. Your application will not be considered if you apply for more than one study field.
- 2.10. If you do not receive any response from the bursary section within one months after the closing date for applications, please consider your application unsuccessful.

<b>FULL TIME EXTERNAL BURSARY APPLICATION FORM</b>									
1. Bursary application for which academic year?									
<b>PERSONAL DETAILS</b>									
2. ID Number:					3. Surname:				
4. Initials:		5. First Names:					6. Title:		
7. Gender:		<i>Male</i>	<i>Female</i>	8. Race:		<i>Black</i>	<i>Coloured</i>	<i>Indian</i>	<i>White</i>
9. RSA Citizen?		Yes	No	10. Bushbuckridge Resident?			Yes	No	
11. Disabled?		Yes	No	If "yes" specify (provide proof):					
12. Ward no:									
13. Postal Address					14. Residential Address				
Town: _____ Post code _____					Town: _____ Post code _____				
15. Telephone number:					16. Cell no (own):				
17. Cell no of parent / guardian:					18. Email Address:				
19. Combined monthly income of parent(s)/guardian(s):									
<b>EDUCATIONAL QUALIFICATIONS</b>									
20. Matriculation year									
21. Name of school									
22. Currently studying (Name of School)									
23. Name of the institution (University/University of Technology/FET College, etc.) where you intend registering /studying:									
24. Name of the Qualification (e.g. BSc/B.Ed. FET/ etc.) you intend registering/studying: (Specify only one qualification as per the advert)									

**DECLARATION BY APPLICANT:**

I (initials and surname) \_\_\_\_\_  
declare that the above particulars are complete and correct and I understand that any false information supplied will lead to the immediate cancellation of the bursary.

**SIGNATURE OF APPLICANT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**SIGNATURE OF PARENT/ GUARDIAN:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

*(If applicant is under the age of 21)*

**CHECKLIST**

Mark appropriate blocks with and “X”.

Certified copy of birth certificate of identification document (ID)	
Certified copy of the salary statement/affidavit of income of your parents/guardian	
Certified copy of Grade 12 certificate	
Certified copy of Grade 12 June examination results ( if you are currently in Grade 12)	
A valid proof of residence	
Proof of disability from aa registered medical doctor or clinic/hospital	
Proof of indigent status	
A proof of registration or acceptance letter from higher education institution	

**PLEASE NOTE:**

1. This is an application for a bursary only, applicants are reminded to apply at the accredited higher education institution as indicated 24 on page 3.
2. Applicants who are currently in grade 12 are reminded to submit final Grade 12 statement of examination result as soon as possible.
3. Applicants who are currently studying at a higher education institution **are not allowed to apply.**

