



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		MR		MRS			MISS				
FIRST NAMES																	
IDENTITY NUMBER												AGE					
(Attach an originally certified copy of your identity document)										DATE OF BIRTH							
For the purpose of monitoring employment equity in terms of bursaries, it would be appreciated if you would provide information regarding your race, gender and disability.																	
GENDER	MALE			FEMALE			DISABILITY (Please specify)										
RACE	ASIAN			AFRICAN			COLOURED				WHITE			OTHER			
PERMANENT RESIDENTIAL ADDRESS (Attach proof of permanent residential address)																	
			POSTAL CODE														
ADDRESS AT WHICH YOU CAN BE CONTACTED AT ALL TIMES																	
			POSTAL CODE														
PERMANENT ADDRESS IF DIFFERENT FROM RESIDENTIAL ADDRESS																	
			POSTAL CODE														
HOME TELEPHONE NUMBER			CELLULAR NUMBER						ALTERNATIVE NUMBER								
ANY RELATIONSHIP WITH AN EMPLOYEE(S) OF THE OVERSTRAND MUNICIPALITY																	
YES		NO		1.													
IF YES, NAME OF EMPLOYEE(S)			2.														
ANY RELATIONSHIP WITH AN COUNCILLOR(S) OF THE OVERSTRAND MUNICIPALITY																	
YES		NO		1.													
IF YES, NAME OF COUNCILLOR(S)			2.														

SUBJECTS ENROLLED FOR	
1.	2.
3.	4.
5.	6.
7.	8.
9.	10.

PART D: GENERAL INFORMATION

HAVE YOU RECEIVED A BURSARY FROM OVERSTRAND MUNICIPALITY IN THE PAST?	YES		NO	
DO YOU RECEIVE A BURSARY AND / OR ASSISTANCE FROM ANOTHER INSTITUTION?	YES		NO	
IF YES, STATE WHETHER IT IS A FULL BURSARY AND / OR ASSISTANCE	YES		NO	

PLEASE MOTIVATE WHY YOU HAVE CHOSEN THIS STUDY COURSE:

PART E: REFERENCES

PLEASE PROVIDE THE NAMES OF TWO TEACHERS / LECTURES / TUTORS TO WHOM YOU ARE WELL KNOWN AND WHOM THE OVERSTRAND MUNICIPALITY MAY CONTACT:

NAME		TELEPHONE	
NAME		TELEPHONE	

I CERTIFY THAT THE INFORMATION CONTAINED ON THIS FORM IS TRUE AND ACCURATE ON 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 POLICY OR A CLAIM THAT ALL FEES BE PAID BACK TO OVERSTRAND MUNICIPALITY. IN APPROPRIATE CASES, THE MATTER MAY ALSO BE REPORTED TO THE SOUTH AFRICAN POLICE SERVICES.

SIGNATURE		DATE	
SIGNATURE OF GUARDIAN (in the case of a minor)		DATE	

PLEASE NOTE THAT IN TERMS OF THE APPROVED EXTERNAL BURSARY POLICY OF THE OVERSTRAND 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.
- Overstrand 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 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 Policy.
- Submission of fraudulent information will lead to automatic disqualification and/or withdrawal of all financial assistance granted in terms of the External Bursary Policy, or a claim that all fees be paid back to Overstrand 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 Policy have been granted will be obliged to sign a Study Agreement (Memorandum of Agreement) with the Overstrand Municipality.