



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 | ASIA | | 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. | | | | | | | | |

PART B: COMPULSORY EDUCATIONAL INFORMATION

| SUBJECTS OF HIGHEST STANDARD PASSED | SYMBOLS OBTAINED |
|-------------------------------------|------------------|
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(Attach originally certified true copy of results)

POST SCHOOL QUALIFICATIONS

| NAME OF INSTITUTION | |
|-------------------------|------------------------------------|
| STUDY COURSE | |
| SUBJECTS ALREADY PASSED | YEAR IN WHICH SUBJECTS WERE PASSED |
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(Attach originally certified true copy of results)

PART C: BURSARY PARTICULARS

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|--|--|--|--|
| STUDY COURSE BURSARY IS APPLIED FOR | | | |
| | | | |
| DURATION OF STUDY COURSE | | | |
| | | | |
| DETAILS OF EDUCATIONAL INSTITUTION AT WHICH YOU ARE OR WILL BE STUDYING | | | |
| TOTAL ANNUAL ESTIMATED STUDY FEES | | R | |
| STUDENT NUMBER | | ACADEMIC YEAR | |
| | | (e.g. 1 st or 2 nd) | |
| STUDY COURSE ENROLLED FOR | | | |
| NAME OF EDUCATIONAL INSTITUTION | | | |
| REGISTRATION COST (attach proof) | | R | |
| CLASS FEES | | R | |
| COST OF STUDY MATERIAL | | R | |
| OTHER COST (SPECIFY) | | R | |
| TOTAL COST | | R | |

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:

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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.

Dear (INSERT TITLE, NAME AND SURNAME HERE)

EXTERNAL BURSARY (INSERT QUALIFICATION HERE)

We are pleased to inform you that you have been granted an external bursary to obtain the above-mentioned qualification.

The granting of this bursary is subject to the conditions and service obligations as set out below:

Conditions and Service obligations of this Contract:

The bursary holder has the following obligations under the external bursary policy:

- 1.1 To enrol and register a student at a recognised tertiary institution in South Africa which has been approved by Overstrand Municipality;
- 1.2 To undertake all studies and do all such other things as may be necessary to qualify him-/herself for the qualification;
- 1.3 To complete the -qualification within the minimum period prescribed by the tertiary institution;
- 1.4 To undergo any practical or vocational training required by the tertiary institution in connection with the qualification provided that funds are available within the municipality;
- 1.5 The bursary holder shall not accept any bursary, grant, allowance, etc which in the municipality's opinion, together with the municipality's bursary exceeds the total tertiary obligations for the qualification. In the case where these amounts received by the bursary holder exceed his/her tertiary financial obligations, the municipality's bursary shall be reduced accordingly;
- 1.6 If there are funds within the municipality, the bursary holder shall be remunerated in respect of such work in accordance with the rate or tariff as may be determined by the municipality from time to time in respect of tertiary institution students;
- 1.7 At the end of every study year/semester at the end of June (first semester) and the end of December (second semester/year) the bursary holder shall submit to the municipality satisfactory proof of examination results in respect of subjects/modules for which the bursary holder enrolled at the beginning of the study year/semester concerned and for which a study bursary was allocated. This arrangement allows the municipality to evaluate the bursary holder's academic progress;
- 1.8 The bursary holder must timeously inform the municipality as to when he/she will meet with all the requirements of the qualification and this must be done in a form of written correspondence from the tertiary institution;
- 1.9 The bursary holder must immediately inform the municipality in writing if he/she suspends the course or any part of the course concerned.
- 1.10 Overstrand Municipality retains the right to terminate a bursary holder's services at any time irrespective of the fact that the bursary holder is under obligation to remain in service for contractual purposes. Council shall not be bound by a bursary holder to complete his/her contractual service period at termination of service. The Bursary Committee has the right to waive a bursary holder's contractual obligation in the case of dismissal or retrenchment.

Overstrand Municipality has the following obligations under the external bursary policy:

- 2.1 To make available a bursary to the bursary holder for the minimum period prescribed by the tertiary institution for completing his/her qualification depending on availability of grant funding;
- 2.2 To ensure the bursary will only be payable by the municipality if the municipality is satisfied that the bursary holder has enrolled and registered as full time student for the academic year at the (Insert Service Provider) for the (Insert Qualification) and has produced official documentation in this regard;
- 2.3 Overstrand Municipality shall not later than three (3) months after the bursary holder has completed the final examination for the qualification, advise the bursary holder in writing whether the municipality has employment for him/her, at the entry level of the relevant professional stream, subject to the bursary holder meeting all requirements of the qualification as set out by the tertiary institution. This offer of employment shall be made at the sole discretion of Overstrand Municipality.
- 2.4 The bursary holder consents in terms of section 45 of the Magistrate’s Court Act no 32 of 1944 as amended to the jurisdiction of the Magistrate’s Court of any district having jurisdiction in terms of Section 28 of the said Act, provided that the municipality may at its sole discretion, elect to institute such proceedings in the High Court.
- 3. This agreement shall in all respects be construed in accordance with the law of the Republic of South Africa.
- 4. Each of the parties chooses *domicilium citandi et executandi* for the purposes of the giving of any notice, the serving of any process and for any purposes arising from this agreement at their respective addresses set forth hereunder:

The Municipality:

Physical: 1 Magnolia Street
HERMANUS
7200

Postal: P O Box 20
HERMANUS
7200

The bursary holder:

Physical: _____

Postal: _____

5. Any notice to any party shall be addressed to it at its *domicillum* aforesaid and be sent either by pre-paid registered post or delivered by hand.

6. In the case of any notice:

6.1 Sent by pre-paid registered post, it shall be deemed to have been received, unless the contrary is proved, on the seventh day after posting; and

6.2 Delivered by hand, it shall be deemed to have been received, unless the contrary is proved, on the date of delivery, provided such date is a business day or otherwise on the next following business day.

6.3 Any party shall be entitled by notice in writing to the other, to change its *domicillum* to any other address within the Republic of South Africa, provided that the change shall become effective only fourteen (14) days after the service of the notice in question.

6.4 Any notice addressed to the Municipality shall be required to be addressed to the Municipal Manager (For the Attention of Ms L Bucchianeri) to be deemed to have been effectively delivered or served.

As Bursary Holder and witness:

PRINT NAME & SURNAME
(Bursary Holder)

SIGNATURE

PRINT NAME & SURNAME
(Witness)

SIGNATURE

Dated and signed at on the day of

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In the event of the bursary holder being a minor:

I, the undersigned (Names in full), in my capacity as parent and/or lawful guardian of the said bursary holder do hereby give my consent and assistance to him/her in the conclusion of this contract and accept full responsibility in respect of all terms and conditions of the said contract.

As Bursary Holder and witness:

PRINT NAME & SURNAME
(Bursary Holder)

SIGNATURE

PRINT NAME & SURNAME

(Witness)

SIGNATURE

Dated and signed at on the day of

..... 20.....

I wish you every success with your studies.

Yours faithfully

PRINT NAME: For/Behalf of **Municipal Manager**

Signature