

APPLICATION FOR A BURSARY: 2009

CITY OF CAPE TOWN
AN EQUAL OPPORTUNITY EMPLOYER

P O Box 298
8000 CAPE TOWN
Tel:021- 400 3619
021-980 1411
Fax No: 021- 400 2104

PLEASE NOTE: This form must be completed in your own handwriting (PLEASE PRINT)

A BURSARY PARTICULARS

BURSARY APPLIED FOR FIELD OF STUDY
FOR HOW MANY YEARS WILL YOU REQUIRE THE BURSARY? TOTAL DURATION OF COURSE
NAME OF EDUCATIONAL INSTITUTION AT WHICH YOU ARE OR WILL BE STUDYING:.....
.....

B PERSONAL PARTICULARS

SURNAME: (Block Letters)..... TITLE:

Mr	Mrs	Miss	
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FIRST NAMES: (Block Letters)

DATE OF BIRTH:

IDENTITY NUMBER:

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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 WOULD PROVIDE INFORMATION REGARDING YOUR RACE, GENDER AND DISABILITY.

PLEASE INDICATE WITH Y

Asian African Coloured White

Male Female

DISABILITY (PLEASE SPECIFY)

PERMANENT RESIDENTIAL ADDRESS:

.....POSTAL CODE:

ADDRESS AT WHICH YOU CAN BE CONTACTED AT ALL TIMES:.....

.....POSTAL CODE:

POSTAL ADDRESS IF DIFFERENT FROM RESIDENTIAL ADDRESS:.....

.....POSTAL CODE:

TEL: Home (Code) No: ALTERNATIVE CONTACTABLE NUMBER (Code) No:

NAME OF NEXT OF KIN: IDENTITY NUMBER OF NEXT OF KIN:

RELATIONSHIP TO APPLICANT: TEL NUMBER OF NEXT OF KIN:

C
HOUSEHOLD CIRCUMSTANCES

HOUSEHOLD ANNUAL INCOME
(NB: Certified Documentary proof must be supplied)

-20 000	Up to 40 000	Up to 60 000	Up to 80 000	Up to 120 000	Up to 140 000	Up to 160 000	Above 180 000
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STATE NUMBER OF PERSONS DEPENDANT ON THE HOUSEHOLD ANNUAL INCOME:

NAME OF PERSON WHO WILL STAND SURETY FOR THE BURSARY:

HIS/HER POSTAL ADDRESS:

POSTAL CODE:

TEL: Home (Code) No: TEL: WORK (Code) No:

IDENTITY NUMBER.....SIGNATURE.....

D
THE FOLLOWING EDUCATIONAL INFORMATION MUST BE GIVEN

1.	PERSONS CURRENTLY DOING MATRIC SUBJECTS	LAST EXAMINATION SYMBOLS OBTAINED
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____

NB:
Official proof of results from school/ institution must be attached

2. **PERSONS WHO HAVE COMPLETED MATRIC MUST ATTACH COPY OF MATRIC CERTIFICATE**

3. POST MATRIC EDUCATION

(a) SUBJECTS ALREADY PASSED

NAME OF INSTITUTION:

COURSE OF STUDY:

SUBJECTS	YEAR
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

NB:
Proof of results must be attached

(b) SUBJECTS PRESENTLY BEING STUDIED

NAME OF INSTITUTION:

COURSE OF STUDY:

SUBJECTS

NB:
Proof of registration and recent results must be attached

EDUCATIONAL INFORMATION – Continued

(c) SUBJECTS INTENDED TO STUDY IN THE YEAR 2009

NAME OF INSTITUTION:

COURSE OF STUDY:

COST FOR 2009:

SUBJECTS

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**E
GENERAL**

HAVE YOU EVER RECEIVED A BURSARY? IF YES, GIVE DETAILS OF ANY OUTSTANDING BURSARY COMMITMENTS:

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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 SUCCESSFUL IN THE CAREER WHICH YOU HAVE CHOSEN?

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F
HEALTH

DO YOU HAVE ANY HEALTH PROBLEMS WHICH MAY INTERFERE WITH YOUR CHOSEN COURSE OF STUDY AND CAREER?

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.....

G
REFERENCES

PLEASE GIVE THE NAMES OF TWO TEACHERS / LECTURERS / TUTORS TO WHOM YOU ARE WELL KNOWN, WHOM WE MAY CONTACT.

.....
NAME: TEL: (Code) No:
.....
NAME: TEL: (Code) No:

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 MONIES ALREADY PAID.

SIGNATURE: DATE:
SIGNATURE OF GUARDIAN (in case of a Minor):