



INSTRUCTIONS

1. Read the following instruction carefully before completing this form
2. Complete all sections of the form
3. Complete the form in BLOCK LETTERS and black ink
4. Application forms with incomplete information will be disqualified
5. No faxed or emailed applications will be accepted
6. Ensure the form is duly signed
7. Attach ALL the following documents
 - I. Certified copy of your South African ID
 - II. Certified copy of your June/ mid- year Grade 12 results (learners currently doing Grade 12) or Matric certificate
 - III. Proof of residence
 - IV. Proof of parents' or guardian's income
8. Late applications will not be accepted
9. Closing date is **29 September 2017**
10. Completed forms should be **posted** to:

The Municipal Manager

Gert Sibande District Municipality

PO Box 1748

ERMELO

2350

Or hand delivered to:

Gert Sibande District Municipality

Cnr Joubert and Oosthuise Streets

ERMELO

2350



PERSONAL DETAILS OF APPLICANT				
Surname				
Full names				
Date of birth				
ID Number				
Place of birth				
Gender				
Race				
Do you have a disability?	Yes/ No	If yes, please describe nature of disability		
Residential address				
	Postal code:			
Postal address				
	Postal code:			
Contact numbers	Home		Mobile	
	Parent/ guardian		Other	
Email address				
Have you ever been convicted of a criminal offence?	Yes/ No	If yes, please specify nature of offence		
PARTICULARS OF PARENT/ GUARDIAN				
Name & Surname				
ID Number				
Postal Address (if different from applicant's)				Gross monthly income of household:
Name & address of employer				

APPLICANT'S ACADEMIC INFORMATION			
Name and postal address of school where matriculated/ completing matric			Year matric completed (if already completed)
Please provide information on your matric final results/ June exam results		Please provide information regarding any leadership & voluntary experience you may have	
Subject	Marks	Organisation/ school	Duties/ Position
INTENDED STUDIES FOR 2018 ACADEMIC YEAR			
Name of qualification			
Institution			
DECLARATION BY APPLICANT (compulsory)			
<p><i>I..... hereby declare that all information contained in this application is to the best of my knowledge true. I understand that should the information supplied be found to be false, my bursary application will be disqualified. In the event that the bursary is awarded to me, I am prepared to enter into contractual agreement with the Gert Sibande District Municipality.</i></p> <p>Signature..... Date.....</p>			
<p>Signature of parent/ Legal guardian Date.....</p>			
FOR OFFICE USE ONLY			
Matric results/ school report attached	Yes/ No	Proof of residence attached	Yes/ No
ID Copy attached	Yes/ No	University/ College acceptance letter attached	Yes/ No
<p>Signature of official.....</p>			