



APPLICATION FORM (2019): DISASTER MANAGEMENT BURSARY

PLEASE PRINT CLEARLY IN BLOCK LETTERS

Submit a certified copy of your ID

SURNAME:		ID NO:			
FIRST NAMES:		NATIONALITY:			
GENDER:		RACE:			
HOME ADDRESS: (RESIDENTIAL)		POSTAL ADDRESS:			
		STUDENT NO (If Applicable)			
ARE YOU FROM? (indicate with an X)	URBAN	RURAL	INFORMAL SETTLEMENT	FARM	
HOME TEL NO:		CELL NO:			
EMAIL ADDRESS					
DO YOU HAVE ANY PHYSICAL DISABILITY:		YES	NO		
IF YES PLEASE SPECIFY THE NATURE OF THE DISABILITY					
WHERE DID YOU COMPLETE YOUR GRADE 11 AND 12					
NAME OF SCHOOL	GRADE COMPLETED		PERIOD		
			YY	MM	DD
ARE YOU ALREADY REGISTERED AT AN INSTITUTION OF HIGHER LEARNING?			YES	NO	
IF YES, NAME OF INSTITUTION (ATTACH COPY OF TRANSCRIPT OR LAST YEAR'S RESULTS)					
CURRENT YEAR OF STUDY (Indicate with an X)	1ST	2ND	3RD	4 TH	
COST FOR STUDY PER ANNUM (COMPLETE THE ATTACHED COURSE FEE OUTLINE)					

ALL APPLICATION FORMS MUST BE SUBMITTED TO THE DEPARTMENT OF COOPERATIVE GOVERNANCE AS STATED IN THE ADVERTISEMENT

HAVE YOU BEEN ACCEPTED FOR ADMISSION BY AN INSTITUTION OF HIGHER LEARNING (PLEASE ATTACH PROOF OF PAYMENT FOR ADMISSION/REGISTRATION)		
YES	NO	
PARENT/LEGAL GUARDIANS/CAREGIVER INFORMATION:		
SURNAME:		
RELATIONSHIP E.G. PARENT/GUARDIAN		
FIRST NAMES:		
EMPLOYER:		
OCCUPATION:		
ID NUMBER:		
TELEPHONE NO:		
FAX NO:		
E-MAIL ADDRESS:		
CELLPHONE NO:		
* PLEASE SUBMIT CERTIFIED COPIES OF ID AND PROOF OF INCOME OF PARENT(S) LEGAL GUARDIANS		

I, _____, ID: _____ confirm that the information I have provided herewith is correct.

Signature: _____ Date: _____

NOTE: NO BURSARY APPLICATION FORM WILL BE ACCEPTED AFTER THE CLOSING DATE AND FAILURE TO PROVIDE ALL THE REQUIRED INFORMATION AND/OR DOCUMENTS WILL IMMEDIATELY DISQUALIFY THE APPLICANT.

THE CLOSING DATE FOR SUBMISSION OF FULLY COMPLETED APPLICATION FORMS WITH ALL REQUIRED DOCUMENTATION CERTIFIED AND ATTACHED IS: 31 JANUARY 2019.