



BURSARY APPLICATION FORM NORTHERN CAPE PROVINCIAL GOVERNMENT

INSTRUCTIONS

1. Read carefully before completing, signing and submitting this form.
2. This form must be completed in full, with black ink and certified copies of the documents listed in Annexure A should be attached. Certified copies must not be older than 6 months.
3. **This bursary shall not be utilised for pre-existing / current study debt.**

CRITERIA:

- a) RSA Resident residing in the Northern Cape
- b) In order for a learner to qualify for a bursary, he /she must obtain at least 55% aggregate
- c) Incomplete application forms or applications with insufficient information shall be disqualified.
- d) Applications forms must be hand delivered to 31A Angel Street, New Park or emailed to Bursary_Admin@ncpg.gov.za
- e) Closing date for ALL applications is 12 November 2021.
- f) Late applications will not be considered.

NOTE:

1. It is the responsibility of the student to ensure the following are adhered to:
 - a. ALL listed items as contained in Annexure A, are attached to the Application Form;
 - b. Application Form with attachments to be forwarded to:
 - i. 31A Angel Street, New Park,
KIMBERLEY, 8301

SECTION A – PERSONAL DETAILS OF THE APPLICANT

Surname														
Full names														
Date of birth														
Place of birth														
Identity number														
SA Citizenship	Yes							No						
Gender	Male							Female						
Race	African		Coloured		Indian		White							
Do you have a disability	Yes	No	If Yes, specify											
Residential address with postal code														
Postal address with postal code														
Telephone numbers with dialling codes	Home:						Cellular:							
	Parent Guardian:						Parent / Guardian:							
District														
Marital status														
Email address														

Have you ever been found guilty of a criminal offence?	No		Yes		If Yes, specify
<ul style="list-style-type: none"> Attach certified copy of Identity document and related information (See attached Annexure) 					

SECTION B – HIGH SCHOOL INFORMATION

Name of school					
School address					
Province					
Grade					
Years attended	From:			To:	
List subjects	Subject:		Symbol:	Subject:	
<ul style="list-style-type: none"> Attach certified proof of latest results 					

SECTION C - POST MATRIC RESULTS

Institution				
Institution's Address				
Nature of Qualification	Diploma	Degree	Post Graduate Qualification	
Details of qualification eg. (Diploma in Retail Management)				
Status				
Student number				
Year of study	1st Year	2nd Year	3rd Year	4th Year
Modules registered	Majors	Marks % obtained	Auxiliary	Marks % obtained
<ul style="list-style-type: none"> Attach certified proof of latest official results (See attached Annexure) 				

SECTION D – INTENDED FIELD OF STUDY FOR 2022 ACADEMIC YEAR

Institution			
Details of qualification eg. (Diploma in Retail Management)			
Are you receiving any other form of financial assistance / bursary / loan / co-funding	Yes	No	If Yes, specify details
<ul style="list-style-type: none"> • Attach proof of registration & tax invoice / quotation from the institution and related information (See attached Annexure) 			

SECTION E – PERSONAL DETAILS OF PARENT / GUARDIAN / NEXT OF KIN

Parent /Guardian 1	Proof of guardianship must be attached		
Surname			
Full names			
Identity number			
Relationship to student			
Residential Address with postal code			
Postal address with postal code			
Annual Income			
Telephone numbers with dialling codes	Home:	Cellular:	
Email address			
Parent 2	Proof of guardianship must be attached		
Surname			
Full names			
Identity number			
Relationship to student			
Residential Address with postal code			
Postal address with postal code			
Annual Income			
Telephone numbers with dialling codes	Home:	Cellular:	
Email address			
<ul style="list-style-type: none"> • Attach certified ID documents; proof of income of both parents / guardians and related information (see attached Annexure) 			

SECTION F - DECLARATION BY APPLICANT

I, (full name & surname),..... hereby declare that ALL information provided in this Application is complete and factual.

I acknowledge that any misrepresentation of information will lead to my Application being rejected.

Full Name: Signature: Date:

Signature: Parent / Guardian Date: