



Mayoral Office: 9 Van Niekerk Street | Vryburg | 8601

BURSARY APPLICATION FORM 2022

The executive mayor of the Dr Ruth Segomotsi Mompati District Municipality,

Cllr Tebogo Babuile invites all deserving and prospective students residing in the Dr Ruth Segomotsi Mompati District Municipality to approach the Municipality for academic financial assistance. The focus of this intervention is to assist students with the settling of historical debts for previous academic years, registration fees and bursary assistance for the 2022 academic year.

IMPORTANT INFORMATION

- Opening date -05 January 2022. Closing date- 29 January 2022.
 Applications submitted after this date will not be accepted –
 please apply before the closing date to ensure your application is considered
- Only South African citizens who are resident in the Dr Ruth Segomotsi Mompati District Municipality are eligible.
- All qualifications/ fields of studies will be covered.
- Where funds are limited priority is given to students who are financially needy, are from historically disadvantaged communities and academically deserving.
- The bursary award covers the cost of tuition, accommodation, books and meals.
 Bursary funds are paid directly to tertiary institutions' accounts.
- All Bursaries that are awarded and not collected within a month will be revoked and reallocated.
- Only completed applications with all requested documentation will be processed.
- Only applicants who are awarded bursaries will be notified
- Application forms are available at the Dr Ruth Segomotsi Mompati Mayoral Office and on the district's website.
- Application forms may be hand delivered at the district's mayoral off (9 Van Niekerk Street, Vryburg, North West) OR posted at PO BOX 21, Vryburg, 8601. ONLY hard-copy applications will be considered. NO electronic or faxed applications will be accepted.
- For enquiries contact: 053 928 6400

IMPORTANT DOCUMENTS TO ATTATCH WITH YOUR APPLICATION FORM

- Certified copy of Identity Document (individual, parents/guardian)
- Proof of residence (Statement of Water & Lights, Rates, / tribal authority letter)
- Certified copy of Matric Certificate
- Certified copy of academic record (Compulsory for returning tertiary students)
- Documentary evidence from all income earners in the household
- Affidavit from parents or guardians if unemployed
- Proof of acceptance at institution (Compulsory for first year students)
- Banking details of institution on their letterhead or website.

Website: drrsmdm.gov.za

1. APPLICANT'S PERSONAI	L DETAILS			
Title				
Surname				
Names				
Date of birth				
Identity number				
Race (please tick)	African	Coloured	Indian	White
Gender (please tick)		Female	Male	
Home Language :		2 nd Language :		
South African Citizen (please tick)		Yes	No	
Residential Address				
		Postal code		
Postal Address				
		Postal code		
C 4 114 7				
Contact details		Cell phone number		
		Home telephone number / Landline		
		Email address (if available)		
2. PARENT / GUARDIAN PER	RSONAL DETAILS			
Relation to the applicant				
Title				
Surname				
Names in full				
Date of birth				
Identity number				
Residential Address				
		Postal code		
Postal Address				
i ostai Audiess				

	Postal code			
Contact details	Cell phone number			
	Home telephone number			
	Email address (if available)			
Occupation				
	R			
3. APPLICANTS'S ACADEMIC INFORMATION				
Current studies and level (in 2021) or highest grade passed				
Name of university/technikon/college/school and contact number in 2022				
Proposed study programme in the year 2022(Matric students must give an indication of where they have made applications for further or higher education studies)				
Student number (where applicable)				
Professional career after completion of (intended) studies				
4. STATEMENT BY THE APPLICANT (brief motiv	vation in support of the application	n)		
	TI J II	•/		
5 DECLADATION BY ADDITION				
5. DECLARATION BY APPLICANT				
I (names in full) hereby declare that:				
i. the information provided in this application and any attachments in support thereof is to the best of my knowledge true and correct.				
ii. I understand that any misrepresentation or failure to disclose any information may lead to my disqualification or termination of my bursary by the municipality				
Signature of Applicant	Signature	Date		

6. FOR OFFICE USE ONLY (To be completed by the official within the bursary committee who receives the application on behalf of the Dr Ruth Segomotsi Mompati District Municipality)			
Surname & initials:	Signature	Date :	-

Please direct your application to:				
The Manager in the Office of the Executive Mayor Attention: Youth Office Dr Ruth Segomotsi Mompati District Municipality 9 Van Niekerk Street Vryburg	PO BOX 21, Vryburg, 8601			







