

## **BUSHBUCKRIDGE LOCAL MUNICIPALITY**

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APPLICANT
NAME AND SURNAME:
NAME OF INSTITUTION (WHERE THE APPLICANT APPLIED/BEEN ACCEPTED):
FIELD OF STUDY YOU ARE APPLYING FOR (B.A DEVELOPMENT STUDIES, ETC.):
DURATION OF STUDY:
YEAR APPLIED FOR:(1 <sup>ST</sup> ,2 <sup>ND</sup> ,3 <sup>rd</sup> )

# BURSARY APPLICATION FORM 2025 EXTERNAL

Closing date: 24 January 2025

Administered by

**Bushbuckridge Local Municipality** 

**Directorate: Community Services** 

**Youth Affairs** 

BURSARIES WILL BE AWARDED TO APPLICANTS TO STUDY FULL-TIME AT ACCREDITED HIGHER EDUCATION INSTITUTIONS.

## 1. THE FOLLOWING DOCUMENTS MUST ACCOMPANY YOUR APPLICATION:

- **1.1.** Certified copies of birth certificate or identification document (ID)
- **1.2.** Certified copies of salary statements of <u>both</u> parents/guardians. In the case of one or both parents, submit copies of death certificates. In the case of orphans, submit a letter from the social worker.
- **1.3.** Certified copies of grade 12 certificate (or a copy of grade 12 June examination results if you are currently in Grade 12).
- **1.4.** In the case of applicant who states that they have a disability, provide proof from a registered medical doctor or clinic/hospital.
- **1.5.** Acceptance letter from a tertiary institution.
- **1.6.** Proof of residence.
- **1.7.** A letter from local social worker confirming indigent status or municipality (unable to afford to attend tertiary without a bursary).

### 2. INSTRUCTIONS AND COMPLETION OF THE APPLICATION FORM

- **2.1.** For any further enquiries and assistance in completing the application form, please contact the bursary office at Bushbuckridge Local Municipality, Private Bag X 9308, Bushbuckridge, 1280. R533 Graskop Road opp. Mapulaneng DLTC, Maviljan Region, Bushbuckridge. **Telephone number: 013 004 0291.**
- **2.2.** Incomplete application forms will not be considered.
- **2.3.** Please complete the form using capital letters in black ink.
- **2.4.** Mark appropriate block with an "X"
- **2.5.** No bursary will be granted if it does not comply with the criteria.
- **2.6.** No change of course from the one which the bursary was allocated will be approved.
- **2.7.** Consult with vocational councilors at a tertiary institution to make sure that you qualify for admission in the study field you applied for.
- **2.8.** The closing date for the submitting application forms is 24 January 2025 and no late application forms will be considered.
- **2.9.** Your application will not be considered if you apply for more than one study field.
- **2.10.** If you do not receive any response from the bursary section within one month after the closing date for applications, please consider your application unsuccessful.

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1. Bursary application for which academic year?																	
PERSONAL DETAILS																	
2.	ID Numbe	er:									3. St	ırname:					
1	Initials:		-		rst Na		<u> </u>		6. Title:								
			5	). FII	ist iva	mes	•							О.	111	ie:	
7.	Gender:	Ma	le	Fe	emale	8.	R	lace	:	Bla	ck	Coloured	oured Indian White				
9.	RSA Citizen?			Yes	No	No			Bus	hbu	ıckridge	Resident?		Yes		No	
11. Disabled?			,	Yes	No	No If "yes" s				specify (provide proof):							
12. Ward no:																	
13. Postal Address								14. Residential Address									
Town:Post code								Town:Post code									
15. Telephone number:							16. Cell no (own):										
17. Cell no of parent / guardian:								18. Email Address:									
19. Combined monthly income of parent(s)/guardian(s):																	
EDUCATIONAL QUALIFICATIONS																	
20. Matriculation year																	
21. Name of school																	
22. Name of the institution (University/University of Technology/FET College, etc) where you intend registering /studying:																	
23. Name of the Qualification (e.g BSc/B.Ed FET/ etc) you intend registering/studying:  (Specify only one qualification as per the advert)																	

DECLARATION BY APPLICANT:	
I (initials and surname)	-
SIGNATURE OF APPLICANT: DATE:	
SIGNATURE OF PARENT/ GUARDIAN: [	DATE:
(If applicant is under the age of 18)	
CHECKLIST	
Mark appropriate blocks with and "X".	
Certified copy of birth certificate of identification document (ID)	
Certified copy of the salary statement/affidavit of income of your parents/	/guardian
Certified copy of Grade 12 certificate /NCV	
A valid proof of residence	
Proof of disability from a registered medical doctor or clinic/hospital	
Proof of indigent status	
A proof of registration or acceptance letter from higher education institu	ition
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# PLEASE NOTE:

1. Applications will not be accepted after closing date