

# OUTSHOORN

Munisipaliteit • Umasipala • Municipality



**A TOWN TO WORK, LEARN, PLAY AND PROSPER**

HR Manager: Development & Transformation  
 Mr R.S. Claassen  
 PO Box 255  
 OUTSHOORN  
 6620  
 TEL NO: (044) 203 3022

## OUTSHOORN MUNICIPALITY BURSARY APPLICATION FORM

(PLEASE NOTE: This form must be completed in the own handwriting of the applicant)

PART A: PERSONAL PARTICULARS												
SURNAME						TITLE	MR		MRS		MISS	
FIRST NAMES												
IDENTITY NUMBER												
(Attach a certified copy of your identity document)						DATE OF BIRTH						
For the purpose of monitoring employment equity in terms of bursaries, it would be appreciated if you would provide information regarding your race, gender and disability.												
GENDER	MALE		FEMALE		DISABILITY (PLEASE SPECIFY)							
RACE	ASIAN		AFRICAN		COLOURED		WHITE		OTHER			
RESIDENTIAL ADDRESS (Attach proof)												
			POSTAL CODE									
HOME TELEPHONE NUMBER			CELLULAR NUMBER			ALTERNATIVE NUMBER						
NAME OF NEXT OF KIN												
RELATIONSHIP TO APPLICANT												
IDENTITY NUMBER OF NEXT OF KIN												
HOME TELEPHONE NUMBER			CELLULAR NUMBER			ALTERNATIVE NUMBER						

**PART B: BURSARY PARTICULARS**

FIELD OF STUDY BURSARY IS APPLIED FOR

NAME OF EDUCATIONAL INSTITUTION AT WHICH YOU ARE OR WILL BE STUDYING

**PART C: COMPULSORY EDUCATIONAL INFORMATION**

GRADE 12 SUBJECTS

SYMBOLS OBTAINED

(Attach Senior Certificate, Official Proof of Results from School / Institution or the Department of Education)

**POST SCHOOL QUALIFICATIONS**

NAME OF INSTITUTION

FIELD OF STUDY

SUBJECTS ALREADY PASSED

YEARS IN WHICH SUBJECTS WERE PASSED

(Attach Official proof of results from institution)

COURSE ENROLLED FOR IN 2018

NAME OF INSTITUTION

TOTAL COST OF STUDIES FOR 2018

(Attach proof of registration and cost / Pro-forma Invoice)

PART D: REFERENCES			
PLEASE PROVIDE THE NAMES OF TWO TEACHERS / LECTURERS / TUTORS TO WHOM YOU ARE WELL KNOWN AND WHOM THE OUDTSHOORN MUNICIPALITY MAY CONTACT:			
NAME		TELEPHONE	
NAME		TELEPHONE	
I UNDERSTAND THAT ANY FALSE OR MISLEADING INFORMATION FURNISHED ON THIS BURSARY APPLICATION FORM OR IN CONNECTION WITH THIS BURSARY APPLICATION MAY RESULT IN REJECTION OF THE APPLICATION OR IF ALREADY AWARDED A BURSARY BY THE OUDTSHOORN MUNICIPALITY IN THE WITHDRAWAL THEREOF AND RECOVERY OF ALL MONIES ALREADY PAID.			
SIGNATURE		DATE	
SIGNATURE OF GUARDIAN (In the case of minor)		DATE	

**PLEASE NOTE:**

- No late applications will be considered
- Applications will not be acknowledge in writing and copies of supporting documents will not be returned