

FETAKGOMO TUBATSE LM: EXTERNAL BURSARY APPLICATION FORM FOR ACADEMIC YEAR 2023.

INSTRUCTIONS!

- Use block letters to complete this form
- ❖ Give concise answers and where applicable mark with X
- This form is only for use by persons who are not staff members of the Municipality

The Municipal Local Manager Fetakgomo Tubatse Municipality P O Box 206 BURGERSFORT 1150

BURGERSFURI,1150							
A. FETAKGOMO TUBATSE LOCAL MUNICIPALITY							
Have you previously received this bursary? Yes No							
Name of degree/diploma							
Major subjects							
B. PARTICULARS OF APPLICANT							
TitleSurname							
First names							
Male Female							
Identity number							
Nationality							
Marital StatusHome Language							
Residential Address							
Postal Address							
Contact No Email.							

C.PARTICULARS OF DEGREE/DIPLOMA FOR WHICH YOU WISH TO RECEIVE THE BURSARY						
At which University/University of technology/Public TVET College do you intend studying?						
Degree e.g. B.Comm						
Main Subjects						
Indicate the academic year of study for which you are applying						
D.OTHER BURSARIES OR SPONSORS						
Do you presently study with a bursary? Yes No						
If yes name of the bursary						
Annual value of the bursary						
Father's Occupation						
Mother's Occupation						
Guardian's Occupation						
Mark your monthly income group(R):						
Attach a proof of income or a sworn affidavit						
Mark your mother's monthly income (R):						
Mark your guardian's monthly income (R):						
How many other dependents are at home:						
No of dependents at tertiary institution						
No of dependents still at school						
Do you have study loan? Yes No						
If yes name of the loan						
For what purpose?						
When did you receive it?						
If you are not currently enrolled at an educational institution please indicate what you are doing at present;						

E. PRIZE AND AWARDS RECEIVED								
Name/Type of Award		Name of sponsor			Amount/Value			
F. ACADEMIC REFERENCE								
Surname	Ini	tials	Title	Rela	tionship	Address		
1.								
2.								
3								
3								
O DOCUMENTATION								
G. DOCUMENTATION Disease attack contified conics of the following:								
Please attach certified copies of the following:								
❖ A certified Grade 12, recent statements of results/academic record.								
 Certified copy of ID/ Birth certificate, 								
❖ Proof of admission from an accredited and registered tertiary								
institution(University/University of Technology/Public TVET Colleges) Salary advice/Proof of parents/guardian monthly income(Not older that 3								
months) or an affidavit where there is no fixed monthly income,								
• Proof of residence								
H.DECLARATION								
n.Declaration								
I certify that the information supplied in this application is correct and that, if I am awarded a bursary, I will abide by the regulations applicable.								
Signature of applicant								
Date								