HESSEQUA MUNICIPALITY
APPLICATION FOR AN EXTERNAL BURSARY

BURSARY PARTICULARS

Bursary applied for: Field of study_____

For how many years will you require the bursary?_____ Total duration of course _____

Name of educational institution at which you are or will be studying_____

_____

PERSONAL PARTICULARS

Surname:_____ Title:Mr ☐   Mrs ☐   Miss ☐

First names: _____

Date of birth_____

Identity number: ☐☐☐☐☐☐☐☐☐☐☐☐☐

NB: A certified copy of your identification document must be attached.

For the purpose of monitoring employment equity in terms of bursaries, it would be appreciated if you could provide information regarding your race, gender and disability.

Please indicate with x:

Asian ☐   African ☐   Coloured ☐   White ☐

Male ☐   Female ☐

Disability (Please Specify)...

Permanent Residential Address..

....Postal Code...........................

Postal address if different from residential adress: ....

....Postal code...........................

Tel: Home (code) ....

Cell Number: ....

E-mail Address: ....

Name of next of Kin.. Identity number of next of kin......................................

Relationship to applicant.. Tel number of next of kin:...

EDUCATIONAL INFORMATION

(C) Subject intended to study: ....
     Name of institution: ....
     Course: ....
     Cost: ....

SUBJECTS

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GENERAL

Have you ever received a bursary ? If yes, give details of any outstanding bursary commitments:

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What would you consider special achievements obtained to date?

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List all extra-mural activities including sport in which you participate/community involvement:

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....

List your hobbies:

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Please indicate why you have chosen this course of study:

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What personal qualities do you consider necessary to be succesful in the career which you have chosen?

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HEALTH

Do you have any health problems which may interfere with your chosen course of study and career?

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REFERENCES

Please give the names of two teachers / lectures / tutors to whom you are well known, who we may contact.

1) Name: ....   Tel no: ....

   Relationship: ....

2) Name: ....   Tel no: ....

   Relationship: ....

DECLARATION

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 organisation in the withdrawal thereof and recovery of all monies already paid.

....   Date: ………………………………

Bursary Applicant

....   Date: ………………..…………….

Parent/Guardian