



OUTTSHOORN

Munisipaliteit • Umasipala • Municipality
A TOWN TO GROW, WORK, PLAY AND PROSPER



HR Manager: Development & Transformation
Mr R.S. Claassen
PO Box 255
OUTTSHOORN
6620
TEL NO: (044) 203 3006

OUTTSHOORN 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 2020	
NAME OF INSTITUTION	
TOTAL COST OF STUDIES FOR 2020	
SUBJECTS ENROLLED FOR IN 2020	
(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