



APPLICATION FORM (2020): DISASTER MANAGEMENT BURSARY

PLEASE PRINT CLEARLY IN BLOCK LETTERS

SURNAME:		ID NO:	
FIRST NAMES:		NATIONALITY:	
GENDER:		RACE:	
HOME ADDRESS: (RESIDENTIAL)		POSTAL ADDRESS:	
		STUDENT NO (If Applicable)	
ARE YOU FROM? (indicate with an X)	URBAN	RURAL	INFORMAL SETTLEMENT
			FARM
HOME TEL NO:		CELL NO:	
EMAIL ADDRESS			
DO YOU HAVE ANY PHYSICAL DISABILITY:		YES	NO
IF YES PLEASE SPECIFY THE NATURE OF THE DISABILITY			
WHERE DID YOU COMPLETE YOUR GRADE 12?			
NAME OF SCHOOL	GRADE COMPLETED	PERIOD	
		YY	MM
			DD
ARE YOU ALREADY ACCEPTED / REGISTERED AT AN INSTITUTION OF HIGHER LEARNING?		YES	NO
IF YES, NAME OF INSTITUTION (ATTACH COPY OF ACCEPTANCE LETTER / PROOF OF REGISTRATION)			
CURRENT YEAR OF STUDY (Indicate with an X)	1ST	2ND	3RD
			4TH
ATTACH A STUDY QUOTATION FOR 2020			

ALL APPLICATION FORMS MUST BE SUBMITTED TO THE DEPARTMENT OF COOPERATIVE GOVERNANCE AS STATED IN THE ADVERTISEMENT

PARENT/LEGAL GUARDIANS/CAREGIVER INFORMATION (IN THE CASE OF DEPENDENTS)	
SURNAME:	
RELATIONSHIP E.G. PARENT/GUARDIAN	
FIRST NAMES:	
EMPLOYER:	
OCCUPATION:	
ID NUMBER:	
TELEPHONE NO:	
FAX NO:	
E-MAIL ADDRESS:	
CELLPHONE NO:	
* PLEASE SUBMIT CERTIFIED COPY OF YOUR ID & PROOF OF INCOME (AND OF PARENTS / LEGAL GUARDIAN IF YOU ARE DEPENDENT)	

I -----, ID: confirm that the information I have provided herewith is correct.

Signature:.....

Date: -----

CLOSING DATE FOR APPLICATIONS IS 31 JANUARY 2020.

NO APPLICATION FORM WILL BE ACCEPTED AFTER THE CLOSING DATE AND FAILURE TO PROVIDE ALL THE REQUIRED INFORMATION AND DOCUMENTS WILL IMMEDIATELY DISQUALIFY THE APPLICANT.