



BURSARY APPLICATION FORM FOR TERTIARY EDUCATION

PLEASE COMPLETE ALL SECTIONS

SECTION 1

1. APPLICANT'S DETAILS

Surname: _____

First Names: _____

Date of Birth: _____ Gender: _____

Physical/Postal Address: _____

_____ Postal Code: _____

Telephone No. Home: _____ Cell No.: _____

Identity No.: _____ Marital Status: _____

2. SECTION B

GUARDIAN/PARENTS' DETAILS

Surname: _____

First Names: _____

Residential Address: _____

_____ Postal Code: _____

Postal Address: _____

_____ Postal Code: _____

Telephone No. Home: _____ Work: _____ Cell No: _____

3. SECTION C

4. ACADEMIC DETAILS

4.1 Matriculation certificate obtained

Highest standard passed: _____

Name of the school: _____

Location of School Town: _____

Township: _____

Village: _____

Year obtained: _____

Subjects: _____

5. TERTIARY TRAINING OBTAINED

Name of institution: _____

Degree/Diploma/Certificate: _____ Year obtained: _____

Intended course of study: _____

Name of institution applied to: _____

Year of study: _____

Total fees per annum: _____

Length of course: _____

6. MOTIVATION

6.1 Why I chose this field of study?

6.2 How I plan to plough back the acquired skills in Gamagara Local Municipality or John Taolo Gaetsewe District?

SECTION D

7. APPLICANT'S HOME BACKGROUND

Residential Address: _____

_____ Postal Code: _____

Home Telephone No.: _____

(Tick appropriate box)

Location: Rural Urban Suburb

Number of rooms excluding bathroom: 1 2 3 4 5 6 & above

Owned by parents/guardian: Owned Rented

Are both parents working? Yes No

If no, specify: _____

Relationship with the house owner Parent Guardian

If guardian specify (e.g. Aunt, Uncle, etc.) _____

8. SCHOOL BACKGROUND

Name and Address: _____

_____ Postal Code: _____

Type of School: Private Public

Facilities available at your school:

Library	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Sports Facilities	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Laboratory	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Textbooks	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Does/did you school have a career guidance teacher? Yes No

9. FINANCIAL STATUS

Number of household members (including yourself): _____

Number of working people in your household: _____

Total Household income per month: _____

Name of Bread winner: _____

Relation with the Bread winner: _____

DECLARATION - TO BE SIGNED BY APPLICANT, PARENT, OR GUARDIAN IN THE PRESENCE OF A COMMISSIONER OF OATHS

I declare that the information stated above is to the best of my knowledge, true and correct and I understand the conditions governing the grant of a bursary and also willingly enter into the required agreement with the Gamagara Development Forum should my application be successful and that any false information will automatically disqualify me.

Name: (in full) _____

SIGNATURE OF APPLICANT

**SIGNATURE PARENT/GUARDIAN
(IN THE CASE OF A MINOR)**

DATE

DATE

I certify that the deponent has acknowledged that he/she knows and understands the contents of this declaration which was sworn before me at _____ on the day of _____ month _____ year.

COMMISSIONER OF OATHS OFFICIAL STAMP

How to Apply

Completed bursary Application form (Obtainable @ Gamagara Development Forum, Kathu) with supporting documentation must be submitted to Gamagara Development Forum, faxed application forms will not be accepted.

Hand Delivery: Gamagara Development Forum
Cnr Hendrick Van Eck & Ian Flemming
SIOC-cdt Building
Office Block B Ground Floor
Kathu
OR

Via Post: P O Box 929,
Kathu,
8445

If you are not contacted as a short listed candidate within 6 weeks of the closing date, please consider your application unsuccessful.