

MAKHUDUTHAMAGA LOCAL MUNICIPALITY

BURSARY APPLICATION FORM: UNDERGRADUATE STUDIES

- Closing date for bursary applications: 17th January 2014
- Use block letters to complete the form
- ❖ Give concise answers and where applicable mark with X

The Municipal Manager Human Resource Development Makhuduthamaga Local Municipality P/Bag x 434 Jane Furse 1085

Tel: 013 265 8600 Fax: 013 265 1975

Course offered:

- Financial Management
 - ***** Bachelor of Commerce in Accounting /Economics.
- Engineering
 - **Second Second S**
- Health and Social Services
 - **Section 2** Bachelor of Medicine (MBCHB)

A. MAKHUDUTHAMAGA LOCAL MUNICIPALI'	TY
Have you previously received this bursary? Yes	No
Name of degree/diploma	
Major subjects	
B. PARTICULARS OF APPLICANT	
Title:Surname:	
First names:	
Gender:	
ID number:	

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Nationality:
Marital Status:
Residential Address:
Postal Address:
C. PARTICULARS OF DEGREE/DIPLOMA FOR WHICH YOU WISH TO RECEIVE THE BURSARY
At which University/Technikon do you intend studying?
Degree e.g. B.Sc. Agric
Main Subjects
Indicate the academic year 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
Father's total monthly income (R)
(attach a proof of fileonic of sworn arridavit)
Mother's total monthly income (R)
Mother's total monthly income (R)
Mother's total monthly income (R) (attach a proof of income or sworn affidavit) Guardian's total monthly income (R)
Mother's total monthly income (R) (attach a proof of income or sworn affidavit) Guardian's total monthly income (R) (attach a proof of income or sworn affidavit)

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Do you have or rece	ou have or received a study loan? Yes No)
If yes name of the le	oan					
For what purpose?						
When did you recei	ve it?	•••••		•••••	•••••	
If you are not current Present:	ntly enrolled a	at an ed	ucational institution	please i	indicate what	you are doing at
					•••••	
	•••••	••••••	•••••	•••••	•••••	
E. GRADE 12	2 RESULTS					
SUBJECT NAME			SYMBOL		PERCENTAGE (%)	
1.						
2.						
3.						
4.						
5						
6						
7.						
F. PRIZES A	ND AWARD	S REC	EIVED			
Name/Type of Awa			e of sponsor		Amount/Value	
Traine/Type of Awa	ar u	Main	c of spoilsor		Amount va	aruc
G. ACADEM	IC REFERE	NCES			<u> </u>	
G. ACADEM		ITCES				
C	T:4:-1		T:41.		1-441-4	A 11 0
Surname	Initial	S	Title	Re	lationship	Address & Contact number
1.						Contact number
1.						
2.						

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H. Documentation

Please attach certified copies of the following

- Senior Certificate
- ❖ Academic record or Grade 12 results
- ❖ ID document
- Testimonials
- Salary advice or affidavitProof of Residence

I. Declaration
I declare that the information supplied in this application is correct and that may I be awarded the bursary I will abide by the regulations applicable.
Signature of applicant
Date
If still a minor Signature of parent/guardian
Date

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