



CONSECUTIVE CLEAN AUDITS
2011 - 2017



Verbind tot uitnemende dienslewering
Dedicated to service excellence
Ukuzimisela ukwenza umsebenzi ogqwesileyo

MUNICIPAL EXTERNAL BURSARY FUND 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									AGE			
(Attach an originally 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		
PERMANENT RESIDENTIAL ADDRESS (Attach proof of permanent residential address)						POSTAL CODE						
ADDRESS AT WHICH YOU CAN BE CONTACTED AT ALL TIMES						POSTAL CODE						
PERMANENT ADDRESS IF DIFFERENT FROM RESIDENTIAL ADDRESS						POSTAL CODE						
HOME TELEPHONE NUMBER						CELLULAR NUMBER			ALTERNATIVE NUMBER			
ANY RELATIONSHIP WITH AN EMPLOYEE(S) OF THE SWARTLAND MUNICIPALITY												
YES		NO		1.								
IF YES, NAME OF EMPLOYEE(S)						2.						
ANY RELATIONSHIP WITH A COUNCILLOR(S) OF THE SWARTLAND MUNICIPALITY												
YES		NO		1.								
IF YES, NAME OF COUNCILLOR(S)						2.						

PART B: HOUSEHOLD CIRCUMSTANCES												
MONTHLY HOUSEHOLD INCOME (Attached originally certified true copies of payslips of at least three (3) months or sworn affidavits)												
R0 – R2,500			R2,501 – R5,000			R5,001 – R7,500			R7,501 – R10,000			
R10,001 – R12,500			R12,501 – R15,000			R15,001 – R17,500			R17,501 and more			
STATE NUMBER OF PERSONS DEPENDANT ON THE MONTHLY HOUSEHOLD INCOME												
NAME OF PERSON WHO WILL STAND AND BE BOUND AS SURETY FOR THE BURSARY:												
HIS/HER POSTAL ADDRESS												
POSTAL CODE												
TEL: HOME (CODE)		NR		WORK/CELL NR								
SURETY HOLDER'S IDENTITY NUMBER												
SURETY HOLDER'S SIGNATURE												
NB: A certified copy of the surety's identification document must be attached.												
PART C: COMPULSORY EDUCATIONAL INFORMATION												
SUBJECTS OF HIGHEST STANDARD PASSED										SYMBOLS OBTAINED		
(Attach originally certified true copy of results)												
POST SCHOOL QUALIFICATIONS												
NAME OF INTITUTION												
STUDY COURSE												
SUBJECTS ALREADY PASSED						YEAR IN WHICH SUBJECTS WERE PASSED						
(Attach originally certified true copy of results)												
PART D: BURSARY PARTICULARS												
STUDY COURSE BURSARY IS APPLIED FOR												
DURATION OF STUDY COURSE												
DETAILS OF EDUCATIONAL INSTITUTION AT WHICH YOU ARE OR WILL BE STUDYING												
TOTAL ANNUAL ESTIMATED STUDY FEES						R						
STUDENT NUMBER						ACADEMIC YEAR (e.g. 1 st or 2 nd)						
STUDY COURSE ENROLLED FOR												
NAME OF EDUCATIONAL INSTITUTION												
REGISTRATION COST (attach proof)						R						
CLASS FEES						R						

COST OF STUDY MATERIAL		R				
OTHER COST (specify)		R				
TOTAL COST		R				
SUBJECTS ENROLLED FOR						
1.	2.					
3.	4.					
5.	6.					
7.	8.					
PART E: GENERAL INFORMATION						
HAVE YOU RECEIVED A BURSARY FROM SWARTLAND MUNICIPALITY IN THE PAST?			YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
DO YOU RECEIVE A BURSARY AND / OR ASSISTANCE FROM ANOTHER INSTITUTION?			YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
IF YES, STATE WHETHER IT IS A FULL BURSARY AND / OR ASSISTANCE			YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
PLEASE MOTIVATE WHY YOU HAVE CHOSEN THIS STUDY COURSE:						
PART F: REFERENCES						
PLEASE PROVIDE THE NAMES OF TWO TEACHERS / LECTURERS / TUTORS TO WHOM YOU ARE WELL KNOWN AND WHOM THE SWARTLAND MUNICIPALITY MAY CONTACT:						
NAME				TELEPHONE		
NAME				TELEPHONE		
I CERTIFY THAT THE INFORMATION CONTAINED ON THIS FORM IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT THE SUBMISSION OF FRAUDULENT INFORMATION WILL LEAD TO AUTOMATIC DISQUALIFICATION AND/OR WITHDRAWAL OF ALL FINANCIAL ASSISTANCE GRANTED IN TERMS OF THE EXTERNAL BURSARY SCHEME OR A CLAIM THAT ALL FEES BE PAID BACK TO SWARTLAND MUNICIPALITY. IN APPROPRIATE CASES, THE MATTER MAY ALSO BE REPORTED TO THE SOUTH AFRICAN POLICE SERVICES.						
SIGNATURE					DATE	
SIGNATURE OF GUARDIAN (in the case of a minor)					DATE	

PLEASE NOTE THAT IN TERMS OF THE APPROVED EXTERNAL BURSARY POLICY OF THE SWARTLAND MUNICIPALITY -

- The closing date for applications will be regarded as the date on which requirements as stipulated in this Policy should be met by applicants.
- Incomplete bursary applications which lack the required supporting documentation, or late applications shall not be considered.
- Swartland Municipality shall not be held responsible for students not being registered, should the process, for any reason whatsoever, be delayed or withdrawn.
- Should Council be dissatisfied with a student's study performance based upon progress reports, it reserves the right to terminate any further payments and to disqualify such a student from future participation in the External Bursary Scheme.
- Submission of fraudulent information will lead to automatic disqualification and/or withdrawal of all financial assistance granted in terms of the External Bursary Scheme, or a claim that all fees be paid back to the Swartland Municipality. In appropriate cases, the matter may also be reported to the South African Police Services.

- **Students will be obliged to submit progress reports twice per year at the end of July and November.**
- **Students to whom participation in the External Bursary Scheme have been granted will be obliged to sign a Study Agreement (Memorandum of Agreement) with the Swartland Municipality.**