



# EXECUTIVE MAYOR'S EXTERNAL BURSARY FUND

## APPLICATION FORM

**CLOSING DATE: 29 JANUARY 2010**

**FOR OFFICE USE ONLY**

Application Number: .....

Date application received: .....

**PHOTO OF APPLICANT**

Please complete this application form in BLACK INK and return it together with attachments to:

Mrs E M J van Wyk, Bursary Section Emfuleni Local Municipality P O Box 3 VANDERBIJLPARK 1900	<b>OR</b>	Room 212, 2 <sup>nd</sup> Floor Emfuleni Local Municipality Cnr Klasie Havenga Street and Frikkie Meyer Boulevard VANDERBIJLPARK 1911	<b>OR</b>	Information Desk Municipal Foyer Ground Floor MUNICIPALITY VANDERBIJLPARK
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**DO NOT ATTACH ORIGINAL DOCUMENTS - ONLY CERTIFIED COPIES**

**NB:** Bursaries are granted per annum and successful applicants will have to enter into an agreement with Emfuleni Council for each year of study. If you do not receive notification that your application was successful within six weeks after the closing date, you can assume that your application has been unsuccessful. Confirmation can however be obtained from Mrs E van Wyk at telephone no (016) 950-5038 during office hours

**NOTES AND INSTRUCTIONS (Please read these notes carefully before you complete the application form)**

1. Make sure that you read every section and that all information is accurate.
2. The Application Form must be completed in your own handwriting and in BLOCK LETTERS.
3. INCOMPLETE APPLICATION FORMS WILL NOT BE CONSIDERED.
4. All academic results and other required documents should accompany this application form and not be submitted separately.
5. A passport size photograph of the applicant must be affixed on the application form in the allocated space above (a copy of your ID photo is also acceptable).
6. Forms submitted via electronic media shall not be accepted.
7. The minimum selection requirements are Grade 12C (HG) (with symbols not lower than a D) and/or B(SG) (with symbols not lower than a C) for enrolment in the following study fields: FINANCE ENVIRONMENT, TECHNICAL/MECHANICAL/ELECTRICAL ENGINEERING, MEDICAL (DOCTORS, PSYCHIATRISTS ETC – IN LINE WITH SA MEDICAL BOARD), ECONOMIC SCIENCES IN GENERAL AND INDUSTRIAL PSYCHOLOGY AS WELL AS 2<sup>nd</sup>/3<sup>rd</sup> YEAR STUDENTS AT UNIVERSITIES OF TECHNOLOGY WITH A PASS AGGREGATE OF 60%+ IN THE FIELDS MENTIONED.
8. Applicants must be residents of the Vaal Triangle area only and intending to study full time at a University/University of Technology/College of his/her choice within South Africa. Part-time students will not be considered.
9. The Bursary shall cover registration and tuition fees, books (excl. stationery) and accommodation and meals.
10. The following documents must accompany the application form:
  - CERTIFIED COPY OF ID AND GRADE 12 RESULTS;
  - PROOF OF RESIDENCE (EG WATER & ELECTRICITY STATEMENT);
  - CERTIFIED COPY OF PREVIOUS YEAR'S RESULTS IF APPLYING FOR SECOND, OR OTHER YEAR OF ENROLMENT;
  - PROOF OF PARENT'S/GUARDIAN'S INCOME;
  - QUOTATION FROM UNIVERSITY STATING THE COSTS FOR COURSE ENROLLED FOR AS WELL AS LIST OF BOOKS NEEDED FOR EACH SUBJECT (**IF POSSIBLE – NOT CRUCIAL**);
  - PROOF OF ACCEPTANCE/REGISTRATION AT UNIVERSITY/UNIVERSITY OF TECHNOLOGY/COLLEGE;
  - CERTIFIED COPY OF ANY OUTSTANDING STUDY LOAN/S.

**SECTION TWO (Application details)**

1. State the career you wish to follow: .....
2. Name the Degree or Diploma you intend to study: .....  
**(Please attach a quotation from the University re the cost of the course as well as a list of the books you will need for each subject – available at the relevant faculty)**
3. Are you currently registered at a University/College for this course?: YES  NO   
**(Please attach proof of registration)**
4. Study year for which you will be registering (eg first, second etc): .....  
**(If second or third year, please attach certified copies of previous year's results)**
5. Name of (proposed) University/University of TechnologyCollege: .....
6. Have you applied at other companies for a bursary: YES  NO
7. If YES, state which company/ies: .....
8. Do you have a relative employed at Emfuleni Local Municipality: YES  NO
9. If YES, state name, relation and department in which he/she is stationed: .....  
.....

**SECTION THREE (Personal details of Applicant)**

TITLE: MR  MISS  MRS  (INDICATE WITH X )

SURNAME: ..... ID NO: .....

FULL NAMES: .....

DATE OF BIRTH: ..... AGE: .....

MARITAL STATUS: married  single  widowed  separated  divorced

GENDER: ..... NATIONALITY: ..... RACE: .....

DO YOU HAVE A DISABILITY: YES  NO

If YES, state nature of disability and special needs: .....  
.....

**SECTION FOUR (Personal information of Applicant)**

RESIDENTIAL ADDRESS: .....  
.....

**(Please attach proof of residence eg water and electricity account)**

POSTAL ADDRESS: .....

NUMBER OF YEARS LIVING AT ABOVE ADDRESS: .....

TEL NOS: home  cell.

INCOME PER MONTH (if any) eg allowances, savings): R ..... SOURCE: .....

**SECTION FIVE (Parent or Guardian information)**

➤ **IN EVENT OF PARENT**

1. Surname of Parents (FATHER):.....  
(MOTHER): .....
2. Names of Parents (FATHER): .....  
(MOTHER): .....
3. Addresses of Parents: (FATHER).....  
.....  
(MOTHER – if separated, divorced or widowed).....  
.....
4. ID Nos of Parents (FATHER)::..... (MOTHER): .....
5. Marital status of Parents: : married  single  widowed  separated  divorced
6. Are your Parents employed?: FATHER: YES  NO  MOTHER: YES  NO
7. If YES, please state names of companies: (FATHER):.....  
(MOTHER): .....
8. Tel nos of Parents: FATHER (W).....(CELL).....  
MOTHER (W) ..... (CELL).....
9. E-mail address of Parents: FATHER .....  
MOTHER .....
10. Income (P/M): FATHER..... MOTHER .....  
**(Please attach proof of income, eg pay slip/s)**
11. If not employed, state means of income: .....
12. Do Parents have other dependants: YES  NO  Number of dependants:
13. Dependents in school:  Senior Citizens  Other

➤ **IN EVENT OF GUARDIAN**

14. Surname of Guardian: .....
15. Names of Guardian: .....
16. Address of Guardian: .....
- .....
17. ID No of Guardian:.....
18. Marital status of Guardian: : married  single  widowed  separated  divorced
19. Is your Guardian employed?: : YES  NO
20. If YES, please state name of company: .....
21. Tel no of Guardian: W).....(CELL)..... THER:.....
22. E-mail address of Guardian: .....
23. Guardian's Income (per month): .....**(Please attach proof of income, eg pay slip)**



**SECTION EIGHT (Declaration by Applicant)**

I confirm that the information contained in this application form is, to the best of my knowledge, correct and truthful, and I understand that if it is not, I may be eliminated from consideration in the selection process.

.....  
**SIGNATURE OF APPLICANT**

.....  
**DATE**

IS THERE ANYTHING ELSE ABOUT YOU OR YOUR FAMILY WE OUGHT TO KNOW IN ASSESSING THIS APPLICATION (STATE BELOW):

.....  
.....  
.....  
.....

**DECLARATION BY PARENT/GUARDIAN (in event of student being a minor (under the age of 21):**

I have checked the information provided by the applicant in this bursary application and I declare that to the best of my knowledge, the details given of my family's financial situation are complete and correct

.....  
SIGNATURE OF PARENT/GUARDIAN

.....  
DATE

NAME OF PARENT/GUARDIAN .....

CONTACT NO'S OF PARENT/GUARDIAN: HOME: .....WORK:.....

CELL: ..... FAX: .....

