



Garden Route District Municipality  
 Head Office  
 54 York Street  
 George  
 6530  
 PO Box 12  
 6530  
 Tel nr: (044) 803 1300

# BURSARY APPLICATION FORM

(This form must be completed in writing by the applicant)

| PART A: PERSONAL PARTICULARS                                                                                                                                                |       |  |         |                 |                             |  |       |  |                    |    |  |     |  |      |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|--|---------|-----------------|-----------------------------|--|-------|--|--------------------|----|--|-----|--|------|--|
| Surname                                                                                                                                                                     |       |  |         |                 |                             |  |       |  | Title              | Mr |  | Mrs |  | Miss |  |
| First names                                                                                                                                                                 |       |  |         |                 |                             |  |       |  |                    |    |  |     |  |      |  |
| Identity Number                                                                                                                                                             |       |  |         |                 |                             |  |       |  |                    |    |  |     |  |      |  |
| (Attach a 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<br>(Attach proof of permanent residential address)                                                                                            |       |  |         |                 |                             |  |       |  |                    |    |  |     |  |      |  |
|                                                                                                                                                                             |       |  |         |                 |                             |  |       |  |                    |    |  |     |  |      |  |
| Address at which you can be contacted at all times                                                                                                                          |       |  |         | Postal code     |                             |  |       |  |                    |    |  |     |  |      |  |
|                                                                                                                                                                             |       |  |         |                 |                             |  |       |  |                    |    |  |     |  |      |  |
| Permanent address if different from residential address                                                                                                                     |       |  |         |                 |                             |  |       |  |                    |    |  |     |  |      |  |
|                                                                                                                                                                             |       |  |         |                 |                             |  |       |  |                    |    |  |     |  |      |  |
| Home telephone number                                                                                                                                                       |       |  |         | Cellular number |                             |  |       |  | Alternative number |    |  |     |  |      |  |
|                                                                                                                                                                             |       |  |         |                 |                             |  |       |  |                    |    |  |     |  |      |  |
| Name of next of kin                                                                                                                                                         |       |  |         |                 |                             |  |       |  |                    |    |  |     |  |      |  |
| Relationship to applicant                                                                                                                                                   |       |  |         |                 |                             |  |       |  |                    |    |  |     |  |      |  |
| Identity number of next of kin                                                                                                                                              |       |  |         |                 |                             |  |       |  |                    |    |  |     |  |      |  |
| Telephone numbers of next of kin                                                                                                                                            |       |  |         |                 |                             |  |       |  |                    |    |  |     |  |      |  |
| Home                                                                                                                                                                        |       |  |         |                 |                             |  |       |  | Cellular           |    |  |     |  |      |  |
|                                                                                                                                                                             |       |  |         |                 |                             |  |       |  |                    |    |  |     |  |      |  |
| PART B: BURSARY PARTICULARS                                                                                                                                                 |       |  |         |                 |                             |  |       |  |                    |    |  |     |  |      |  |
| Field of study bursary is applied for                                                                                                                                       |       |  |         |                 |                             |  |       |  |                    |    |  |     |  |      |  |
| Name of educational institution at which you are or will be studying                                                                                                        |       |  |         |                 |                             |  |       |  |                    |    |  |     |  |      |  |
|                                                                                                                                                                             |       |  |         |                 |                             |  |       |  |                    |    |  |     |  |      |  |

| PART C: HOUSEHOLD CIRCUMSTANCES                                                                                    |                     |                                    |                   |
|--------------------------------------------------------------------------------------------------------------------|---------------------|------------------------------------|-------------------|
| Joint monthly household income (Attached certified copies of pay slips or sworn affidavits)                        |                     |                                    |                   |
| R0 – R10,000                                                                                                       | R10,001 – R30,000   | R30,001 – R50,000                  | R50,001 – 80,000  |
|                                                                                                                    |                     |                                    |                   |
| R80,001 – R120,000                                                                                                 | R120,001 – R140,000 | R140,001 – R160,000                | R160,001 and more |
|                                                                                                                    |                     |                                    |                   |
| State number of persons dependent on the annual household income                                                   |                     |                                    |                   |
| PART D: COMPULSORY EDUCATIONAL INFORMATION                                                                         |                     |                                    |                   |
| Grade 12/Latest subjects                                                                                           |                     | Symbols obtained                   |                   |
|                                                                                                                    |                     |                                    |                   |
|                                                                                                                    |                     |                                    |                   |
|                                                                                                                    |                     |                                    |                   |
|                                                                                                                    |                     |                                    |                   |
|                                                                                                                    |                     |                                    |                   |
|                                                                                                                    |                     |                                    |                   |
|                                                                                                                    |                     |                                    |                   |
|                                                                                                                    |                     |                                    |                   |
| (Attach official proof of results from school / institution or the Department of Education and senior certificate) |                     |                                    |                   |
| Post school qualifications                                                                                         |                     |                                    |                   |
| Name of institution                                                                                                |                     |                                    |                   |
| Field of study                                                                                                     |                     |                                    |                   |
| Subjects already passed                                                                                            |                     | Year in which subjects were passed |                   |
|                                                                                                                    |                     |                                    |                   |
|                                                                                                                    |                     |                                    |                   |
|                                                                                                                    |                     |                                    |                   |
|                                                                                                                    |                     |                                    |                   |
|                                                                                                                    |                     |                                    |                   |
|                                                                                                                    |                     |                                    |                   |
|                                                                                                                    |                     |                                    |                   |
|                                                                                                                    |                     |                                    |                   |
|                                                                                                                    |                     |                                    |                   |
| (Attach official proof of results from institution)                                                                |                     |                                    |                   |
| Course to be enrolled for in 2026                                                                                  |                     |                                    |                   |
| Name of institution                                                                                                |                     |                                    |                   |
| Total (all inclusive) costs of studies for 2026                                                                    |                     |                                    |                   |
|                                                                                                                    |                     |                                    |                   |
|                                                                                                                    |                     |                                    |                   |
|                                                                                                                    |                     |                                    |                   |
|                                                                                                                    |                     |                                    |                   |
|                                                                                                                    |                     |                                    |                   |
|                                                                                                                    |                     |                                    |                   |
|                                                                                                                    |                     |                                    |                   |
|                                                                                                                    |                     |                                    |                   |
| Subjects enrolled for 2026                                                                                         |                     |                                    |                   |
|                                                                                                                    |                     |                                    |                   |
|                                                                                                                    |                     |                                    |                   |
|                                                                                                                    |                     |                                    |                   |
|                                                                                                                    |                     |                                    |                   |
| (Attached proof of registration and cost)                                                                          |                     |                                    |                   |

| PARTE: GENERAL INFORMATION                                                                                                                                                                                                                                                                                                              |     |           |    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------|----|
| Have you received a bursary from the Garden Route District municipality in the past?                                                                                                                                                                                                                                                    | YES |           | NO |
| What would you consider special achievements obtained to date?                                                                                                                                                                                                                                                                          |     |           |    |
|                                                                                                                                                                                                                                                                                                                                         |     |           |    |
|                                                                                                                                                                                                                                                                                                                                         |     |           |    |
| List extra-mural activities in which you participate (including sport and community involvement)                                                                                                                                                                                                                                        |     |           |    |
|                                                                                                                                                                                                                                                                                                                                         |     |           |    |
|                                                                                                                                                                                                                                                                                                                                         |     |           |    |
| List your hobbies                                                                                                                                                                                                                                                                                                                       |     |           |    |
|                                                                                                                                                                                                                                                                                                                                         |     |           |    |
|                                                                                                                                                                                                                                                                                                                                         |     |           |    |
| Please motivate why you have chosen this course of study:                                                                                                                                                                                                                                                                               |     |           |    |
|                                                                                                                                                                                                                                                                                                                                         |     |           |    |
|                                                                                                                                                                                                                                                                                                                                         |     |           |    |
| What personal qualities do you consider necessary to be successful in the career which you have chosen?                                                                                                                                                                                                                                 |     |           |    |
|                                                                                                                                                                                                                                                                                                                                         |     |           |    |
|                                                                                                                                                                                                                                                                                                                                         |     |           |    |
|                                                                                                                                                                                                                                                                                                                                         |     |           |    |
| PART F: REFERENCES                                                                                                                                                                                                                                                                                                                      |     |           |    |
| Please provide the names of TWO teachers/lecturers/tutors to whom you are well-known and whom the Garden Route District municipality may contact:                                                                                                                                                                                       |     |           |    |
| Name                                                                                                                                                                                                                                                                                                                                    |     | Telephone |    |
| Name                                                                                                                                                                                                                                                                                                                                    |     | Telephone |    |
| I understand that any false or misleading information furnished on this bursary application form or in connection with this bursary application may result in rejection of the application or if already awarded a bursary by the Garden Route District municipality in the withdrawal thereof and recovery of all monies already paid. |     |           |    |
| Signature                                                                                                                                                                                                                                                                                                                               |     | Date      |    |
| Signature of guardian<br>(in the case of minor)                                                                                                                                                                                                                                                                                         |     | Date      |    |

**PLEASE NOTE**

No late applications will be considered

Applications will not be acknowledged in writing and copies of supporting documents will not be returned