

NOTICE 199 of 2025 EXTERNAL MUNICIPAL BURSARY PROGRAMME 2026

Applications are hereby invited from students currently in Grade 12 and learners who have already passed Grade 12 for financial support for further studies in the 2025 academic year. The award is limited to full-time studies at an accredited tertiary institution. Students must reside within the Greater Oudtshoorn Municipality, including the rural areas.

This programme aims to develop students and learners with potential and high performance within the Municipality's municipal area, affording partiality to individuals from historically disadvantaged groups and individuals with disabilities.

Bursaries will be allocated for one (1) year to allow students to undertake a full-time Graduate Degree or Diploma. Application forms are available at all municipal offices, libraries, and Oudtshoorn Thusong Service Centre during normal work hours between 07:30 and 16:30.

Applications will only be considered if it is correctly and fully completed, and the following documentation is attached:

- Certified copy of Grade 12 certificate/Statement of results
- Proof of registration/ admission at any tertiary institution
- Certified copy of identity document
- Proof of residential address
- Proof of combined household income

Please submit applications to Ms M Ayford, Senior HR Officer: Skills Development or Mrs R January, Administrator: Skills Development & EPA, Oudtshoorn Municipality, Corner of Voortrekker Road and Baron Van Reede Street).

CLOSING DATE: Friday, 14 November 2025 at 12:00

Please Note: Canvassing will result in automatic disqualification. If you have not been contacted within 30 working days after the closing date of this advertisement, you may assume that your application was unsuccessful. Curriculum vitae will not be returned. No applications sent via e-mail or fax will be considered.

MR M YEKANI **MUNICIPAL MANAGER** Date Published: 23 & 24 October 2025



OUDTSHOORN MUNICIPALITY BURSARY APPLICATION FORM

(PLEASE NOTE: This form must be completed in the own handwriting of the applicant)

PART A: PERSONAL PARTICULARS																		
SURNAME							TITLE		MR		MRS		N	MISS				
FIRST NAMES																		
IDENTITY NUMBER																		
(Attach a certified copy of you			r identity	docı	cument)			TE O	F BIR	RTH								
For monitoring employment equity in terms					of b	ursarie	es, it	wou	ıld b	е ар	precia	ted i	f yo	u wo	ould	prov	/ide	
information regarding your race, gender and disability.																		
GENDER	MALE		FEMALE		DISABILITY (PLEASE SPECIFY)													
RACE	ASIAN		AFRICAN	J		COLO	COLOURED WHIT			HITE			0	THEF	}			
Disability	Yes		No			If yes, please specify:												
,																		
R	ESIDENTIA	AL ADDR	ESS															
(Attach proof)																		
· · ·				PC	POSTAL CODE													
HOME TELEPHONE NUMBER				CE	CELLULAR NUMBER				ALTERNATIVE NUMBER									
NAME OF NEXT OF KIN																		
RELATIONSHIP TO APPLICANT																		
IDENTITY NUMBER OF NEXT OF KIN																		
HOME TELEPHONE NUMBER				CE	CELLULAR NUMBER ALTERNATIVE NUMBER													
EMAIL ADDRESS																		

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: COMPULSORY EDUCATIONAL INFORMATION							
GRADE 12 SUBJECTS	SYMBOLS OBTAINED						

(Attach Senior Certificate, Official Proof of Results from School / Institution or the Department of Education)							
POST-SCHOOL QUALIFICATIONS							
NAME OF INSTITUTION							
FIELD OF STUDY							
SUBJECTS ALREADY PASSED	YEARS IN WHICH SUBJECTS WERE PASSED						
(Attach Official proof of results from the institution)							
COURSE ENROLLED FOR IN 2026							
NAME OF INSTITUTION							
TOTAL COST OF STUDIES FOR 2026							
SUBJECTS ENROLLED FOR IN 2026							
SUBJECTS LINNOLLED FOR III 2020							
(Attach proof of registration and cost / Pro-forma Invoice)							

PART D: REFERENCES									
PLEASE PROVIDE THE NAMES OF TWO TEACHERS / LECTURERS / TUTORS TO WHOM YOU ARE WELL									
KNOWN AND WHOM THE OUDTSHOORN 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 OUDTSHOORN									
MUNICIPALITY, IN THE WITHDRAWAL THEREOF AND RECOVERY OF ALL MONIES ALREADY PAID.									
SIGNATURE		DATE							
SIGNATURE OF GUARDIAN (In the case of a 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