WITZENBERG
Municipality • Munisipaliteit • UMasipala Wase

APPLICATION FOR MERIT BURSARY

N.B. Incomplete applications will not be considered.

PART A
(Must be completed by applicant)

1. FULL NAME OF APPLICANT.....
2. RESIDENTIAL ADDRESS.....
3. DATE OF BIRTH.....
4. NAME OF SCHOOL AT WHICH APPLICANT MATRICULATED.....
5. WHEN DID YOU MATRICULATE.....
6. AVERAGE SYMBOL ACHIEVED.....
7. FURNISH DETAILS OF PARTICIPATION IN SPORT, CULTURAL AND OTHER ACTIVITIES

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8. (a) DO YOU HAVE BROTHERS OR SISTERS PRESENTLY STUDYING AT ANY UNIVERSITY, COLLEGE OR TECHNIKON

   .....

   (b) HOW MANY.....

   (c) WHEN WILL STUDIES BE COMPLETED.....

9. (a) DO YOU HAVE BROTHERS OR SISTERS AT SCHOOL.....

   (b) HOW MANY.....

(c) STATE STANDARDS (GRADES).....

10. STATE NAME OF UNIVERSITY/COLLEGE OR TECHNIKON WHERE YOU WILL STUDY

.....

11. (a) STUDY COURSE TO BE ENROLLED FOR

.....

(b) MARK APPLICABLE YEAR OF STUDY

1st year		2nd year		3rd year		4th year	

(Proof of results must be attached.)

12. DISCLOSE REASONS WHY THIS PARTICULAR COURSE HAS BEEN CHOSEN

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13. (a) DO YOU RECEIVE OTHER STUDY/MERIT BURSARIES.....

(b) IF AFFIRMATIVE, DISCLOSE FULL DETAILS SUCH AS BY WHOM AWARDED, AMOUNT OF BURSARY AND FOR WHICH PERIOD

.....

.....

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SIGNATURE DATE

NOTE:

1. This application must be accompanied with a testimonial from a clergyman as well as one from the last school attended and a certified copy of the matric results indicating the symbols achieved after completion and directed to the Municipal Manager, PO Box 44, Ceres 6835.

2. Students who have successfully completed one or more years of their study course must submit a certificate from their university/college reflecting the progress as well as symbols achieved.

PART B (CONFIDENTIAL)

(Must be completed by parents/guardian)

1. NAME OF FATHER/MOTHER/GUARDIAN.....

2. RESIDENTIAL ADDRESS.....

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3. TELEPHONE NUMBER: (HOME)..... (WORK).....

4. DURATION AS WITZENBERG AREA INHABITANT .....

5. NAMES AND ADDRESSES OF PARENTS/GUARDIANS EMPLOYERS (NOT POST OFFICE BOX NUMBERS)

   FATHER.....

   MOTHER.....

   GUARDIAN.....

6. GROSS MONTHLY INCOME OF PARENTS/GUARDIAN

   FATHER.....

   MOTHER.....

   GUARDIAN.....

7. SUBMIT THE VALUE OF TOTAL TAXABLE INCOME IN RESPECT OF THE PREVIOUS TAX YEAR. A CERTIFIED COPY OF YOUR LATEST TAX ASSESSMENT MUST ALSO BE ATTACHED TO THIS APPLICATION.

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SIGNATURE DATE