

Rig alle korrespondensie aan:  
Address all correspondence to:

**WESKUS DISTRIKSMUNISIPALITEIT  
WEST COAST DISTRICT MUNICIPALITY**

Posbus / P O Box 242  
MOORREESBURG 7310

**MUNISIPALE BESTUURDER /  
MUNICIPAL MANAGER**

Navrae / Enquiries: T Steinmann  
Verw. Nr. / Ref. No.: 7/6/1



Telefoon / Phone: (022) 433-8400  
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[westcoast@wcdm.co.za](mailto:westcoast@wcdm.co.za)

## 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<br>(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 WEST COAST DISTRICT MUNICIPALITY  |  |       |  |                 |  |                             |     |                    |      |       |  |
| YES   |  | NO    |  | 1.              |  |                             |     |                    |      |       |  |
| IF YES, NAME OF EMPLOYEE(S)   |  |       |  | 2.              |  |                             |     |                    |      |       |  |
| ANY RELATIONSHIP WITH A COUNCILLOR(S) OF THE WEST COAST DISTRICT MUNICIPALITY   |  |       |  |                 |  |                             |     |                    |      |       |  |
| YES   |  | NO    |  | 1.              |  |                             |     |                    |      |       |  |
| IF YES, NAME OF COUNCILLOR(S)   |  |       |  | 2.              |  |                             |     |                    |      |       |  |

| PART B: HOUSEHOLD CIRCUMSTANCES   |                   |  |                         |
|---|-------------------|--|-------------------------|
| <b>MONTHLY HOUSEHOLD INCOME</b><br>(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   |                   |  |                         |
| PART C: COMPULSORY EDUCATIONAL INFORMATION  |                   |  |                         |
| <b>SUBJECTS OF HIGHEST STANDARD PASSED</b>  |                   |  | <b>SYMBOLS OBTAINED</b> |
|   |                   |  |                         |
|   |                   |  |                         |
|   |                   |  |                         |
|   |                   |  |                         |
|   |                   |  |                         |
|   |                   |  |                         |
| (Attach originally certified true copy of results)  |                   |  |                         |
| <b>POST SCHOOL QUALIFICATIONS</b>   |                   |  |                         |
| <b>NAME OF INTITUTION</b>   |                   |  |                         |
| <b>STUDY COURSE</b>   |                   |  |                         |
| <b>SUBJECTS ALREADY PASSED</b>  |                   | <b>YEAR IN WHICH SUBJECTS WERE PASSED</b>                    |                         |
|   |                   |  |                         |
|   |                   |  |                         |
|   |                   |  |                         |
|   |                   |  |                         |
|   |                   |  |                         |
|   |                   |  |                         |
| (Attach originally certified true copy of results)  |                   |  |                         |
| <b>PART D: BURSARY PARTICULARS</b>  |                   |  |                         |
| <b>STUDY COURSE BURSARY IS APPLIED FOR</b>  |                   |  |                         |
| <b>DURATION OF STUDY COURSE</b>   |                   |  |                         |
| <b>NAME OF EDUCATIONAL INSTITUTION AT WHICH YOU ARE OR WILL BE STUDYING</b>   |                   |  |                         |
| <b>TOTAL ANNUAL ESTIMATED STUDY FEES</b>  |                   | R  |                         |
| <b>STUDENT NUMBER</b>   |                   | <b>ACADEMIC YEAR (e.g. 1<sup>st</sup> or 2<sup>nd</sup>)</b> |                         |
| <b>STUDY COURSE ENROLLED FOR</b>  |                   |  |                         |
| <b>NAME OF EDUCATIONAL INSTITUTION</b>  |                   |  |                         |
| <b>REGISTRATION COST (attach proof)</b>   |                   | R  |                         |
| <b>CLASS FEES</b>   |                   | R  |                         |
| <b>COST OF STUDY MATERIAL</b>   |                   | R  |                         |
| <b>OTHER COST (specify)</b>   |                   | R  |                         |
| <b>TOTAL COST</b>   |                   | R  |                         |
| <b>SUBJECTS ENROLLED FOR</b>  |                   |  |                         |
| 1.  |                   | 2.   |                         |
| 3.  |                   | 4.   |                         |
| 5.  |                   | 6.   |                         |
| 7.  |                   | 8.   |                         |

| <b>PART E: GENERAL INFORMATION</b>   |            |                  |           |
|--|------------|------------------|-----------|
| <b>HAVE YOU RECEIVED A BURSARY FROM THE WEST COAST DM IN THE PAST?</b>   | <b>YES</b> |                  | <b>NO</b> |
| <b>DO YOU RECEIVE A BURSARY AND / OR ASSISTANCE FROM ANOTHER INSTITUTION?</b>  | <b>YES</b> |                  | <b>NO</b> |
| <b>IF YES, STATE WHETHER IT IS A FULL BURSARY AND / OR ASSISTANCE</b>  | <b>YES</b> |                  | <b>NO</b> |
| <b>PLEASE MOTIVATE WHY YOU HAVE CHOSEN THIS STUDY COURSE:</b>  |            |                  |           |
|  |            |                  |           |
|  |            |                  |           |
| <b>PART F: REFERENCES</b>  |            |                  |           |
| <b>PLEASE PROVIDE THE NAMES OF TWO TEACHERS / LECTURERS / TUTORS TO WHOM YOU ARE WELL KNOWN AND WHOM THE WEST COAST DM MAY CONTACT:</b>  |            |                  |           |
| <b>NAME</b>  |            | <b>TELEPHONE</b> |           |
| <b>NAME</b>  |            | <b>TELEPHONE</b> |           |
| 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 FUND, OR A CLAIM THAT ALL FEES BE PAID BACK TO THE WEST COAST DISTRICT MUNICIPALITY. IN APPROPRIATE CASES, THE MATTER MAY ALSO BE REPORTED TO THE SOUTH AFRICAN POLICE SERVICES. |            |                  |           |
| <b>SIGNATURE</b>   |            | <b>DATE</b>      |           |
| <b>SIGNATURE OF GUARDIAN</b><br>(in the case of a minor)   |            | <b>DATE</b>      |           |

**PLEASE NOTE THAT IN TERMS OF THE APPROVED EXTERNAL BURSARY FUND POLICY OF THE WEST COAST DISTRICT 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.
- West Coast District 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 Fund.
- Submission of fraudulent information will lead to automatic disqualification and/or withdrawal of all financial assistance granted in terms of the External Bursary Fund, or a claim that all fees be paid back to the West Coast District 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 Fund have been granted will be obliged to sign a Study Agreement (Memorandum of Agreement) with the West Coast District Municipality.