



# BURSARY APPLICATION FORM

Manager in the Office of the Executive Mayor

Bitou Municipality  
04 Sewell Street  
Plettenberg Bay  
6600

Mr. Sivuyile Liwani

Tel: (044) 501 3000

Closing Date: 24 January 2025

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

PART A: PERSONAL PARTICULARS																											
Surname First names								Title		Mr				Mrs				Miss									
Identity Number																											
(Attach a certified copy of your ID 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 (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											
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 2025			
Name of institution			
Total (all inclusive) costs of studies for 2025			
Subjects enrolled for 2025			
(Attached proof of registration and cost)			

PART E: GENERAL INFORMATION			
Have you received a bursary from the Bitou 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 Bitou 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 Bitou Municipality in the withdrawal thereof and recovery of all monies already paid.			
Signature		Date	
Signature of guardian (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