

## 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)

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		RYPARTICULARS					
Field of study bursary is applie							
Name of educational institutio	n at which you are or will be stu	dying					
	PART C: HOUSEHOLD	CIRCUMSTANCES					
Joint monthly household incor	me (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 depe	ndent on the annual household	income					
		CATIONAL INFORMATION					
Grade 12/Latest subjects Sym							
Grade 12/Latest subjects sym	bots obtained						
(Attach official proof of resu	ults from school / institution or t	he Department of Education and	senior certificate)				
	Post school	qualifications					
Name of institution							
Field of study							
Subjects already passed		Year in which subjects were pa	issed				
	(2)						
	(Attach official proof of r	esults from institution)					
Course to be enrolled for in 20	25 						
Name of institution							
Total (all inclusive) costs of stu	udies for 2025						
Subjects enrolled for 2025							
	(Attached proof of re	gistration and cost)					
	(Attached proof of fe	gistration and cost)					

				PAR <sup>-</sup>	T E: (	GEN	ERA	LINF	ORMAT	ΓΙΟΝ					
Have you received a bursa	ry fror	n the	e Bito	u Mur	nicipa	ality ir	n the	past?		YES				NO	
What would you consider s	specia	l ach	iever	nents	s obta	ained	to da	te?							
List extra-mural activities i	n whi	ch yc	ou par	rticipa	ate (ir	ncludi	ing sp	ort and	d commu	unity involv	/em	ent)			
1															
List your hobbies															
Please motivate why you h	ave c	hose	n this	COUR	rse of	stud	۸,								
ricase motivate why your	iave ci	11030	11 11113	Cour	30 01	Study	y.								
What personal qualities do	you c	consi	der n	ecess	sary t	to be s	succe	ssful ir	the care	eer which y	/ou	have chos	en?		
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Please provide the names o	f TWC	) tead	chers	/lectu	urers/	/tutor	s to w	vhom y	ou are w	ell-known	anc	l whom th	e Bite	ou may	contact:
Name									Telep	hone					
Name									Telep	hone					
I understand that any fals bursary application may re withdrawal thereof and red	esult i	n rej	ection	n of th	he ap	plicat	tion o	ed on t or if alre	this burs eady awa	ary applic arded a bu	atio rsar	n form or y by the B	in co litou	onnectio Municip	on with this pality in the
Signature									С	Date					
Signature of guardian (in the case of minor)									С	ate					

## PLEASE NOTE:

No late applications will be considered

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