



MOPANI DISTRICT MUNICIPALITY

PRIVATE BAG X9687
GIYANI
0826

TEL +2715-811 6300
FAX +2715-812 4301

E-mail mafumop@mopani.gov.za

OFFICE OF THE
MUNICIPAL MANAGER

SECTION A PERSONAL INFORMATION

EXTERNAL BURSARY APPLICATION FORM				
NAME(S)				
SURNAME				
IDENTITY NUMBER				
NATIONALITY				
RACE	AFRICAN	ASIAN	COLOURED	WHITE
GENDER	MALE		FEMALE	
DISABILITY	YES		NO	
MUNICIPALITY				
ADDRESSES				
	PHYSICAL ADDRESS		POSTAL ADDRESS	
TELEPHONE				
MOBILE				
FAX				
E-MAIL				

SECTION BTO BE COMPLETED BY PARENT / GUARDIAN WHERE APPLICANT IS A **MINOR**

FULL NAMES	
SURNAME	
ID NUMBER	
OCCUPATION	
COMPANY	
TELEPHONE (WORK)	
CELLPHONE	

SECTION C**COMBINED INCOME LEVELS (MARK THE APPROPRIATE LEVEL WITH A CROSS)**

R0 – R5 000 PER MONTH	R5 000 – R12 000 PER MONTH	MORE THAN R12 000
-----------------------	----------------------------	-------------------

SECTION DNUMBER OF CHILDREN DEPENDANTS CURRENTLY AT ANY TERTIARY INSTITUTION
(Cross the relevant area)

NONE	ONE CHILD	TWO CHILDREN	MORE THAN THREE
------	-----------	--------------	-----------------

E.1

EDUCATIONAL MATTERS

CURRENT STUDIES

E.2**DESIRED FIELD OF STUDY:**

INSTITUTION		
DEGREE		
DIPLOMA / CERTIFICATE		
YEAR OF STUDY		
HAVE YOU APPLIED	YES	NO
PROVISIONAL ADMISSION NUMBER		
PREVIOUS / CURRENT STUDIES		
SCHOOL / INSTITUTION		
YEAR OF STUDY		
HIGHEST QUALIFICATION		

NOTE: (Attach certified copies of academic records)

E.3

DECLARARTION

I declare that the information given is correct and understand that should I receive a bursary, will fully comply with all provisions of the policy and regulations of Mopani district municipality

SIGNATURE

DATE