

**HESSEQUA MUNICIPALITY**  
APPLICATION FOR A BURSARY



**A**  
**BURSARY PARTICULARS**

BURSARY APPLIED FOR: FIELD OF STUDY \_\_\_\_\_

FOR HOW MANY YEARS WILL YOU REQUIRE THE BURSARY? \_\_\_\_\_ TOTAL DURATION OF COURSE \_\_\_\_\_

NAME OF EDUCATIONAL INSTITUTION AT WHICH YOU ARE OR WILL BE STUDYING \_\_\_\_\_

\_\_\_\_\_

**B**  
**PERSONAL PARTICULARS**

SURNAME: \_\_\_\_\_ TITLE: 

Mr	Mrs	Miss	
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FIRST NAMES: \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

IDENTITY NUMBER: 

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NB: A certified copy of your identification document must be attached.

FOR THE PURPOSE OF MONITORING EMPLOYMENT EQUITY IN TERMS OF BURSARIES =, IT WOULD BE APPRECIATED IF YOU COULD PROVIDE INFORMATION REGARDING YOUR RACE, GENDER AND DISABILITY.

PLEASE INDICATE WITH X

Asian       african       Coloured       White

Male       Female

Disability (Please Specify).....

Permanent Residential Address.....

.....Postal Code.....

Postal address if different from residential address: .....

.....Postal code.....

Tel: Home (code) .....

Cell Number: .....

E-mail Address: .....

Name of next of Kin..... Identity number of next of kin.....

Relationship to applicant..... Tel number of next of kin:.....

**EDUCATIONAL INFORMATION - Continued**

(C) Subject intended to be studied next year

Name of institution: .....

Course for next year: .....

Cost for next year: .....

**SUBJECTS**

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