



**UMVOTI MUNICIPALITY
EXTERNAL STUDY ASSISTANCE APPLICATION FORM**

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Directions to Applicants

Section One
1A – Must be filled in by the Applicant
1B – In the event the applicant is married, part 1B must have the spouses details
1C – In the event the applicant is employed, employed details are required
Section Two
2A – Parent \ Guardian \ Caretaker details are required in the event the applicant is funded by an overseer
2B – Details of Next of Kin in regard to the applicant
Section Three
3A – Education details of Applicant (first registration)
3B – Educational details of Applicant (returning students)
Section Four
4A – Motivation written by Applicant
4B – Declaration to be signed by the applicant
4C – Acknowledgement by Overseer

For Internal Use ONLY	
Official Name	
Recommended (Approved \ Declined)	
If Declined, Reasons for Declining	
Date	

Applicants Kindly Fill In the Below Sections

Section One			
1A - Applicants Personal Details			
1	Name & Surname		
2	Identity Number		
3	Physical Address		
4	Postal Address		
5	Contact Number (t)		
	Contact Number (c)		
	Email Address		
6	Marital Status	Widowed	
	Fill in Section B if Married	Married	
		Divorced	
		Single	
7	Are you under Financial Administration order (insolvency) for Debt? Debt? Yes <input type="checkbox"/> No <input type="checkbox"/>		
8	Do you have a Criminal Record? Yes <input type="checkbox"/> No <input type="checkbox"/>		
9	Are you Employed (If Yes kindly fill in Section One C)		
		YES	
		NO	

If Married Kindly Fill In 1B – Below

1B Spouses Details			
1	Name & Surname		
2	Identity Number		
5	Employers Name		
6	Employers Address		
7	Employers Contact Number		
8	Type of Income	Monthly	
		Weekly	
		Wages	

1C - Employment Details of Applicant if Employed

1	Name of Employer	
2	Employers Address	
3	Employers Contact Number	
4	Contact Person at Place of Employment & Designation	

5	Type of Income	Monthly	
		Wages	
		Weekly	
6	Do you have any other form of funding \ Income	Yes	
		No	
7	Total Monthly Income after Deductions	R	

Section Two
2A - Parents \ Guardian Details

1	Name & Surname		
2	Identity Number		
3	Relationship to Applicant		
4	Residential Address		
5	Postal Address		
6	Contact Number		
7	Employer's Name		
8	Employer's Contact Number		
9	Contact Person		
10	Employer's Residential Add		
11	Employer's Postal Address		
12	Type of Income	Monthly	
		Wages	
		Weekly	
13	Total Monthly Income after deductions	R	

2B – Information Next of Kin

1	Name & Surname		
2	Relationship to Applicant		
3	Contact Number		
4	Postal Address		
5	Residential Address		

6	Identity Number	
7	Employers Name	
8	Employers Contact Number	
9	Contact Person	
10	Employers Residential Address	
11	Employers Postal Address	

Section Three
3A - Educational \ Institution Details – First Year Students

1	Name of Institution	
2	Date of Registration	
3	Duration of Course	
4	Student Number	
5	Name of Course (current)	
6	Year of Matriculation	

3B - Educational \ Institution Details – Returning Students

1	Name of Institution	
2	Date of First Registration	
3	Duration of Course	
4	Student Number	
5	Name of Course (current)	
6	Current year of Study	

What career do you intend following on completion of your studies:

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Section Four
4A - Motivation

Motivate your application for a bursary in terms of your academic ability, financial need and career plans

4B – Declaration

I ID no
 declared that I have read and understood the contents of this application form and information supplied by me is true and correct. I also understand that should any of the information \ document herein be proven to be incorrect or falsified, criminal \ civil action will be taken against me.

Applicants Signature

Date

**4C - Signature of Parent \ Guardian
 (If Student if Under 18 Years of age)**

Date

Check List of Attachments

1. Certified ID Copy of the Applicant	
2. Certified ID Copy of Spouse (in the event applicant is married)	
3. Certified ID Copies of Parent \ Guardian \ Caretaker	
4. Proof on Income of the Applicant if employed	
5. Proof of income of Spouse (if applicable)	
6. Proof of Income of Parent \ Guardian \ Caretaker	
7. Proof of Residence (All – where applicable)	
8. Death Certificate of Parent\Guardian\Caretaker (where applicable)	
9. Affidavit if Self Employed	
10. Letter confirming unemployment from the Department of Labour (where applicable)	
11. 3 Months Bank Statement (Applicant and Spouse\Parent\Guardian\Caretaker)	
12. Proof of Registration and Acceptance into an Institute this document must have the applicants name, ID Number and Student Number	
13. Statement of Account from Institute with Banking details	
14. Academic record (school and returning students)	