



BURSARY APPLICATION FORM NORTHERN CAPE PROVINCIAL GOVERNMENT

INSTRUCTIONS

1. Read carefully before completing, signing and submitting this form.
2. This form must be completed in full, with black ink and certified copies of the documents listed in Annexure A should be attached. Certified copies must not be older than 6 months.
3. **This bursary shall not be utilised for pre-existing / current study debt.**

CRITERIA:

- a) RSA Resident residing in the Northern Cape
- b) In order for a learner to qualify for a bursary, he /she must obtain at least 55% aggregate
- c) Incomplete application forms or applications with insufficient information shall be disqualified.
- d) Applications forms must be hand delivered to 31A Angel Street, New Park or emailed to Bursary_Admin@ncpg.gov.za
- e) Closing date for ALL applications is 12 November 2021.
- f) Late applications will not be considered.

NOTE:

1. It is the responsibility of the student to ensure the following are adhered to:
 - a. ALL listed items as contained in Annexure A, are attached to the Application Form;
 - b. Application Form with attachments to be forwarded to:
 - i. 31A Angel Street, New Park,
KIMBERLEY, 8301

SECTION A – PERSONAL DETAILS OF THE APPLICANT

| | | | | | | | | | | | | | | |
|--|------------------|----|-----------------|--|--------|--|--------------------|--------|--|--|--|--|--|--|
| Surname | | | | | | | | | | | | | | |
| Full names | | | | | | | | | | | | | | |
| Date of birth | | | | | | | | | | | | | | |
| Place of birth | | | | | | | | | | | | | | |
| Identity number | | | | | | | | | | | | | | |
| SA Citizenship | Yes | | | | | | | No | | | | | | |
| Gender | Male | | | | | | | Female | | | | | | |
| Race | African | | Coloured | | Indian | | White | | | | | | | |
| Do you have a disability | Yes | No | If Yes, specify | | | | | | | | | | | |
| Residential address with postal code | | | | | | | | | | | | | | |
| Postal address with postal code | | | | | | | | | | | | | | |
| Telephone numbers with dialling codes | Home: | | | | | | Cellular: | | | | | | | |
| | Parent Guardian: | | | | | | Parent / Guardian: | | | | | | | |
| District | | | | | | | | | | | | | | |
| Marital status | | | | | | | | | | | | | | |
| Email address | | | | | | | | | | | | | | |

| | | | | | |
|--|----|--|-----|--|-----------------|
| Have you ever been found guilty of a criminal offence? | No | | Yes | | If Yes, specify |
| <ul style="list-style-type: none"> Attach certified copy of Identity document and related information (See attached Annexure) | | | | | |

SECTION B – HIGH SCHOOL INFORMATION

| | | | | | |
|--|----------|--|---------|----------|--|
| Name of school | | | | | |
| School address | | | | | |
| Province | | | | | |
| Grade | | | | | |
| Years attended | From: | | | To: | |
| List subjects | Subject: | | Symbol: | Subject: | |
| | | | | | |
| | | | | | |
| <ul style="list-style-type: none"> Attach certified proof of latest results | | | | | |

SECTION C - POST MATRIC RESULTS

| | | | | |
|---|----------------------------|----------------------------|------------------------------------|----------------------------|
| Institution | | | | |
| Institution's Address | | | | |
| Nature of Qualification | Diploma | Degree | Post Graduate Qualification | |
| | | | | |
| Details of qualification eg. (Diploma in Retail Management) | | | | |
| Status | | | | |
| Student number | | | | |
| Year of study | 1st Year | 2nd Year | 3rd Year | 4th Year |
| Modules registered | Majors | Marks % obtained | Auxiliary | Marks % obtained |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| <ul style="list-style-type: none"> Attach certified proof of latest official results (See attached Annexure) | | | | |

SECTION D – INTENDED FIELD OF STUDY FOR 2022 ACADEMIC YEAR

| | | | |
|---|------------|-----------|--------------------------------|
| Institution | | | |
| Details of qualification eg. (Diploma in Retail Management) | | | |
| Are you receiving any other form of financial assistance / bursary / loan / co-funding | Yes | No | If Yes, specify details |
| | | | |
| <ul style="list-style-type: none"> • Attach proof of registration & tax invoice / quotation from the institution and related information (See attached Annexure) | | | |

SECTION E – PERSONAL DETAILS OF PARENT / GUARDIAN / NEXT OF KIN

| | | | |
|--|--|--|-----------|
| Parent /Guardian 1 | Proof of guardianship must be attached | | |
| Surname | | | |
| Full names | | | |
| Identity number | | | |
| Relationship to student | | | |
| Residential Address with postal code | | | |
| Postal address with postal code | | | |
| Annual Income | | | |
| Telephone numbers with dialling codes | Home: | | Cellular: |
| Email address | | | |
| Parent 2 | Proof of guardianship must be attached | | |
| Surname | | | |
| Full names | | | |
| Identity number | | | |
| Relationship to student | | | |
| Residential Address with postal code | | | |
| Postal address with postal code | | | |
| Annual Income | | | |
| Telephone numbers with dialling codes | Home: | | Cellular: |
| Email address | | | |
| <ul style="list-style-type: none"> • Attach certified ID documents; proof of income of both parents / guardians and related information (see attached Annexure) | | | |

SECTION F - DECLARATION BY APPLICANT

I, (full name & surname),..... hereby declare that ALL information provided in this Application is complete and factual.

I acknowledge that any misrepresentation of information will lead to my Application being rejected.

Full Name: Signature: Date:

Signature: Parent / Guardian Date: