



EXTERNAL BURSARY APPLICATION FORM

NOTES

1. This document is not in any way an agreement or commitment.
2. The bursaries are awarded annually as per the conditions of the agreement between the recipient and Saldanha Bay Municipality. Renewal of the bursary is at the discretion of the municipality.
3. The closing date for applications is 10 February 2022 at 12:00.
4. Your application will remain incomplete until we receive proof of registration to university or university of technology and final Grade 12 results or latest transcript.
5. Applicants provisionally awarded bursaries will be notified by 24 February 2022.
6. Return completed form to Human Resource Services, Private Bag X12, Vredenburg, 7380 or email to jobs@sbm.gov.za
7. No original documents attached to the application will be safe kept/returned.
8. No late applications will be considered.
9. Council beholds the right to award a bursary.

THE FOLLOWING MUST BE ATTACHED TO THIS APPLICATION

(failure to provide all required documents in this section will disqualify your application)

Certified copies of:

- Applicants' ID;
- Parents' / Guardians' ID;
- Proof of Parents' / Guardians' salary advise, pay-slip or 3 months bank statement (if unemployed);
- Grade 12 results (statement of symbols) or latest transcript;
- University proof of registration;
- Copies of ID documents of persons dependent on family income;
- Affidavit of guardianship (if not staying with parents); and
- Proof of address of Student, Parent or Guardian.

In your own handwriting on a separate sheet of paper write an essay on:

Firstly - What motivates you studying towards the funded field; and
Secondly - Why do you believe you should be awarded the bursary.

(Note that the essay must not exceed 1 000 words.)

TO BE COMPLETED BY APPLICANT

PERSONAL DETAILS

Surname:

First name(s):

ID Number:

Race: African ☐ Coloured ☐ Indian ☐ Other (specify):

Disabled: ☐ **Yes** ☐ **No**

If disabled please specify:

Are you a citizen of South Africa? ☐ **Yes** ☐ **No**

Residential address: **Postal address:**

Postal code:

Postal code:

Home phone:

Cell phone (Applicant):

School Phone:

Cell phone (Parent/Guardian):

E-mail Address:

T: (022) 701 7000 • F: (022) 715 1518
mun@sbm.gov.za • www.sbm.gov.za
Private Bag X12 • Vredenburg • 7380

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SCHOOL BACKGROUND

Name of High School:

School address:

Postal code:

LEADERSHIP AND SPORT ACHIEVEMENTS

Leadership positions (Grade 12)

1.	
2.	
3.	
4.	
5.	

Sport achievements (Grade 10 upwards)

1.	
2.	
3.	
4.	
5.	

UNIVERSITY INFORMATION

Name of University	
Registered course	
Registered academic year	

Have you been accepted by NSFAS or other funding institution?

Yes

No

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TO BE COMPLETED BY PARENT OR GUARDIAN

PERSONAL DETAILS OF PARENT OR GUARDIAN

Surname:

First name(s):

ID Number:

Residential address:

Postal address:

Postal code:

Postal code:

MONTHLY INCOME AND EXPENDITURE STATEMENT

Income 1	Rand Value
Salaries (gross)	
Business	
Informal selling	
Pensions	
Disability Grant	
Forester Grant	
Child Grant	
Rental	
Other	
Total:	

A

Income 2	Rand Value
Salaries (gross)	
Business	
Informal selling	
Pensions	
Disability Grant	
Forester Grant	
Child Grant	
Rental	
Other	
Total:	

B

Expenditure	Rand Value
Rent	
Bond	
Loans	
Rates	
Groceries	
Maintenance	
Telephone	
Clothing	
Transport	
Other	
Total:	

C

Total net income (A + B - C):

DETAILS OF ALL PERSONS DEPENDENT ON THE FAMILY

(Please list all those who are dependent on the family income. If you have a sibling studying at another institution, please provide proof of their registration and indicate their year of study.)

Name	Age	How is the person related	State why this person is a dependent if not part of immediate family	Categories the person falls into: pre-school; school; scholar; student; adult	Indicate type of income received by dependents: wage/salary/child/support/business profit

GUARDIAN/PARENT DECLARATION:

I _____ hereby declare that my net income as indicated above is correct.

REQUIREMENTS:

1. Only candidates who are registered at a university or a University of Technology will be evaluated;
2. Candidates must be registered to study towards an undergraduate degree in the following fields:
 - Finance
 - Accounting
 - Economics
 - Supply Chain Management
 - Internal Auditing
 - Risk Management
 - Surveying
 - Civil engineering
 - Electrical engineering
3. Only students with a minimum level of 40% in Mathematics or 50% in Mathematical Literacy will be considered.
4. Only candidates with an average mark of 60% or higher will be considered; or candidates with an average mark of 50% or higher, with a Mathematics mark of 60% or higher.

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5. Successful candidates will be required to enter into an agreement with Saldanha Bay Municipality whereby they will be obligated to enroll into the internship program at the municipality after successful completion of their studies.
6. Preference will be given to candidates whose parents reside within the Municipality's municipal area, affording partiality to individuals from historically disadvantaged societal groups and/or are individuals with disabilities, to succeed in Higher Education Institutions.

DECLARATION BY APPLICANT:

I _____ hereby declare that the information stated in this application, including information about my parents/guardian is true to the best of my knowledge and belief. I have submitted this information knowing that, if I willfully stated in it anything which I know to be false or which I do not believe to be true, I may be declared ineligible for the bursary by the municipality. I agree that the Municipality may have access to my Grade 12 results and university transcripts for use in the process of awarding bursaries.

Applicants signature:

Date:

DECLARATION BY PARENT/GUARDIAN:

I _____ declare that the information stated is true to the best of my knowledge and belief. I have submitted this information knowing that, if I willfully stated in it anything which I know to be false or which I do not believe to be true, the Applicant may be declared ineligible for the bursary by the municipality. The above consent also extends to the personal information of the Applicant, where the Applicant is a minor and I confirm that I am a competent person to provide this consent on behalf of the minor Applicant.

Male parent/guardian signature:

Female parent/guardian signature:

Date: _____

Date: _____