



**APPLICATION FORM**

**STUDENT FINANCIAL ASSISTANCE**

**2017 ACADEMIC YEAR**

**PLEASE NOTE:** Bitou Local Municipality **reserves the right not to accept all applicants, only successful applicants will be contacted.** Prospective students are strongly advised to apply for as many alternative sources of funding as possible. Your school or librarian should be able to assist you in this regard

**SEND APPLICATIONS TO:**

**The Manager: Office of the Executive Mayor  
Bitou Local Municipality  
4 Sewell Street  
PLETTENBERG BAY  
6600**

## **BASIC CONDITIONS**

1. Eligibility for Bitou Municipality financial assistance towards further studies is confirmed to prospective students whose parents are either residents or who owns rateable property within Bitou Municipality.
2. The Municipal Council places no restrictions on the field of study intended to be followed by the applicant, other than to restrict the bursary to attendance at a recognized tertiary institution.
3. The bursary is not tied to the “bursary applicant” and will not be required to subsequently work for the Municipality and, similarly, there is no obligation on the Municipality to provide employment for the successful bursary applicant.
4. The availability of the bursary is advertised in the local press.
5. Applications received will be submitted to a subcommittee for initial consideration and, thereafter, if necessary, to the Accounting Officer who may call for interviewing of short listed candidates.
6. Payment of the Financial Assistance shall be made directly to the Tertiary Institution and under **no** circumstances will monies be transferred to any other institution or individual.
7. A Declaration **must** be submitted to Bitou Municipality, by the applicant regarding any other bursaries (financial assistance) received, the same applies in the event that no other financial assistance is due to the applicant from whatsoever institution, **by no later than 20 January 2017**.

**PART 1**

**Instructions: Use black pen to complete this form where a space is provided.  
Incomplete applications will not be processed.**

TITLE MR/ MRS / MS  
SURNAME .....

NAME .....

ID NUMBER .....

STUDENT NUMBER .....

ARE YOU CURRENTLY BENEFITTING FROM ANY OTHER BURSARY FUNDS?  
.....

**RESIDENTIAL ADDRESS**

.....  
.....  
.....

**POSTAL ADDRESS**

.....  
.....  
.....

**CONTACT DETAILS (IF APPLICABLE)**

HOME TELL NO: .....

GUARDIAN / PARENT WORK: .....

CELL: .....

APPLICANT CELL NO: .....

TOTAL HOUSEHOLD INCOME: .....

**PART 2: EDUCATIONAL DETAILS**

**PARTICULARS OF CURRENT / FUTURE STUDIES**

<b>NAME OF INSTITUTION</b> .....
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<b>NAME OF DEGREE / DIPLOMA</b> .....
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<b>MAJOR SUBJECTS / MODULES</b> ..... ..... .....
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Please attach **certified** copies of the following documents to this page:

- \* ID Document
- \* Senior Certificate
- \* Proof of acceptance at tertiary institution  
**(Your application will only be processed once you have been accepted as a student)**
- \* Proof of total household income of parents or legal guardian.
- \* Banking Details of the Tertiary / Learning Institution **on original Bank letterhead**

**IMPORTANT NOTICE**

- \* FAILURE TO COMPLETE THIS APPLICATION FORM FULLY AND CORRECTLY MAY PREJUDICE THE APPLICANT'S CHANCES OF OBTAINING FINANCIAL ASSISTANCE FROM BITOU MUNICIPALITY.
- \* NO PAYMENT **WILL** BE MADE WITHOUT SUBMISSION OF THE ORIGINAL STATEMENT FOR STUDIES.

**PAYMENTS WILL BE DIRECTED TO THE RECOGNISED INSTITUTION PLEASE ATTACH THE BANKING DETAILS OF THE INSTITUTION.**

**SWORN AFFIDAVIT TO BE COMPLETED BY APPLICANT**

I .....;  
(full name of applicant)

hereby declare that the information stated in this application, including the information about my parents / spouse / legal guardian in this application form, 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, any financial aid is already granted may be withdrawn and sums paid to me or on behalf by Bitou Municipality may be recovered from me and / or disciplinary action may be taken against me in the civil courts. I further undertake to inform the Manager: Office of the Mayor of Bitou Municipality of any changes in my circumstances.

I acknowledge that should I fail to do so and continue to receive financial aid which I would not be entitled to by reason of my changed circumstances; Bitou Municipality may have resources against me in any of the ways set out above.

.....  
Signature of applicant

.....  
Date

.....  
Identity number

.....  
(Signature of Parent / Guardian)

.....  
Date

.....  
Identity number

I certify that the Deponents have declared that they are familiar with the content of the statement, signed and sworn in my presence at

..... on this .....day of  
.....201....

.....  
COMMISSIONER OF OATHS