



DR RUTH SEGOMOTSI MOMPATI BURSARY FUND

APPLICATION FORM

CLOSING DATE: 30 November 2015

(No late application form will be accepted)



DR RUTH SEGOMOTSI MOMPATI BURSARY FUND

Applications are invited for the above mentioned bursary fund for potential students who wishes to pursue the following fields of study;

- Engineering & Technical Services
- Finance
- Information Technology
- Agricultural Science
- Sports Management
- Medicine
- Tourism

The interested applicant should meet the following criteria;

- A South African Citizen
- Dr Ruth Segomotsi Mompoti District Municipality Resident
- Have Good Academic Results (Grade 12 Certificate with Mathematics and Physical Science Students will be given first priority)
- Students must be financially in need

NB All necessarily documentation will be stated on the Bursary Application Forms

Application forms are available at Dr Ruth Segomotsi Mompoti District Municipality offices and at Naledi, Mamusa, Lekwa Teemane, Kagisano Molopo and Greater Taung Local Municipalities;

Completed forms can be handed over at Dr Ruth Segomotsi Mompoti District Municipality offices at 50 Market Street in Vryburg (Situating on passage between Foschini and Identity)

Or to be posted at the following address;

Dr Ruth Segomotsi Mompoti District Municipality
P.O Box 21
Vryburg
8600

For more information, please visit Mpho Mothibi or Gomolemo Molapong at 50 Market Street in Vryburg or contact 053 928 4704 or 053 928 4759. (Offices situated in a passage between Identity and Foschini)

**Closing Date to Submit Completed Application Forms has been extended to
30 November 2015**

APPLICATION FORM FOR RUTH MOMPATI BURSARY FUND

1 ST Time Applicant

Grade 11

Grade 12

Tertiary Student

Post Graduate

Bursary Holder Reapplication

- N.B:** (1) The completion of this form does not necessarily guarantee that a Bursary will be awarded to the applicant.
- (2) Your application will not be considered if this form is incomplete, or incorrectly filled in.
- (3) The following documents must accompany your application :
- (a) Certified copy of ID
 - (b) Last pay slip of parent/guardian (attach affidavit if parents are not working)
 - (c) Latest school report / certificate or results.

PART A: (To be completed by the Applicant using block letters)

Surname:

Full names:

Date of Birth: Identity number:

Gender: Marital Status:

Disability:

YES

NO

If Yes, Please specify the nature of disability

Race:

African	Coloured	Indian	White	Other
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Municipal Area: (Please Provide Proof of Residence Obtainable from your Municipal Offices)

Lekwa Teemane	Kagisano Molopo	Mamusa	Naledi	Greater Taung
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Home Address:

Residential Addresses:

..... Postal Code:

Postal Address:

..... Postal Code:

Cellphone: Other contact:

Telephone: (H) Fax:

Email:

Address While Studying (If not living at home)

Address: City or Town

Province Country Postal Code:

Parental/Guardian Details (Not required if deceased. Please provide certified copy of death certificate)

Father:

Surname:

Full names:

Date of Birth: Identity number: Marital Status:

Residential Addresses:

..... Postal Code:

Postal Address:

..... Postal Code:

Cellphone: Other contact:

Telephone: (H) Email:

Employment Details

Occupation:

Company Name

Employee Number: Gross Annual Income: R

Does he receive SASSA grant YES NO If Yes, how much per month R

Other income YES NO Specify Source R pm

Mother

Surname:

Full names:

Date of Birth: Identity number:

Gender: Marital Status:

Residential Addresses:

..... Postal Code:

Postal Address:

..... Postal Code:

Cellphone: Other contact:

Telephone: (H) Email:

Employment Details

Occupation:

Company Name

Employee Number: Gross Annual Income: R

Does he receive SASSA grant YES NO If Yes, how much per month R

Other income YES NO Specify Source R pm

Guardian:

Appointed by Court of Law: YES NO
Relations Family Or Other

Surname:

Full names:

Date of Birth: Identity number: Marital Status:

Residential Addresses:

..... Postal Code:

Postal Address:

..... Postal Code:

Cellphone: Other contact:

Telephone: (H) Email:

Employment Details

Occupation:

Company Name

Employee Number: Gross Annual Income: R

Does he receive SASSA grant YES NO If Yes, how much per month R

Other income YES NO Specify Source R pm

Parental and/or Guardian Details Combined Annual Income

Mother R

Father R

Guardian R

Total Income per annum R

Any other source of income to fund your Studies

Sources

1. R

2. R

3. R

Total expected annual financial contribution towards your studies. R

Family Details – Next of Kin Compulsory (Preferably not living with you)

Relations:

Surname:

Full names:

Date of Birth: Identity number: Marital Status:

Residential Addresses:

..... Postal Code:

Postal Address:

..... Postal Code:

Cellphone: Other contact:

Telephone: (H) (W)

Email:

Other Family Dependents Information

Details	1	2	3	4	5
Full Names					
ID Number					
Contributor Dependant					
Relationship					
Relationship with Father/Mother/Guardian					
Present Activity					
Source of Income					
Annual Income amount before deductions					
Annual Income amount after deductions					
Cellphone					
Email					

Study Details

Qualifications or Course – 1st Preference

Where are you planning to study?

 University **University of Technology** **FET College**

Student Number:

Field of Study:

Name of Qualification:

Name of Institution: Campus:

Registration will be for my: **Undergraduate** or **Postgraduate**

1st 2nd 3rd 4th 5th 6th (Year or level)

What type of institution is it: **Private** Or **Public**

Address: Town: Province:

Qualifications or Course – 2nd Preference

Where are you planning to study?

 University **University of Technology** **FET College**

Student Number:

Field of Study:

Name of Qualification:

Name of Institution: Campus:

Registration will be for my: **Undergraduate** or **Postgraduate**

1st 2nd 3rd 4th 5th 6th (Year or level)

What type of institution is it: **Private** Or **Public**

Address: Town: Province:

Accommodation

Rental

On Campus residence

Off-Campus residence

Do you need funding for accommodation during your studies?

 YES **NO**

High School Attended:

a) Name of Secondary/High School attending/attended :

b) School Address:.....

c) Year of Matriculation/Grade 12:.....(attach certified copy of results if completed)

d) Current studies if not in high school:.....

e) Name of Institution:.....

f) Current /High School Results

Subjects/Modules	Grade Level Major	Results

g) Scholastic or Bursaries, if any held during school career :

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14. Full details or bursaries and scholarships applied for further studies, where results are as yet unknown, including amount of award.

a)

b)

Details of your involvement in the community affairs:

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Important Notice:

By signing this application for bursary, you acknowledge your acceptance and understanding of the following:

1. This application does not guarantee that you will receive a bursary.
2. Incomplete application forms (including those with missing documents) will NOT be accepted.
3. Posted applications and all supporting documents need to reach us on or before the applicable cut-off dates.
4. The municipality does not take responsibility for undelivered or missing posted applications or supporting documents.
5. The Bursary Committee will process only the first application that we receive. Only one application is needed.
6. Do not send original documents (Birth Certificates, IDs etc.) with the exception of affidavits. Attach recently certified (within the last 3 months) copies to the application form. Only original affidavits will be accepted.
7. A student will only receive funding for the duration of the qualification. A three or Four-year degree or diploma will only receive funding for the three or four years. All returning Student are required to re-apply for each study year.
8. Any false information provided as part of your application for bursary will disqualify you from receiving financial assistance and will result in the immediate withdrawal of any approved bursary.
9. **Please take note that if you do not receive any feedback at the end of January 2016, please consider your application unsuccessful.**

I hereby declare that all information provided is true and correct.

Your signature

Signature of parent or legal guardian (for minors)

Your full name

Full name of parent or legal guardian (for minors)

Date

Date

PART C: FOR OFFICE USE ONLY

The Ruth Mompati Bursary Fund award

Full Bursary

 Or

Registration Fee Bursary

Or Bursary of Rper annum with effect from and renewable annually to enable the student to enroll for studies, atUniversity/FET College.

SIGNED AT **ON THIS**

DAY OF **2015**

.....
Signature On behalf of the District Municipality

.....
Full name

.....
Capacity

.....
Witness signature

.....
Full name

.....
Capacity

