



APPLICATION FORM (2021): DISASTER MANAGEMENT BURSARY

PLEASE PRINT CLEARLY IN BLOCK LETTERS

SURNAME:		ID NO:		
FIRST NAMES:		NATIONALITY:		
GENDER:		RACE:		
HOME ADDRESS: (RESIDENTIAL)		POSTAL ADDRESS:		
		STUDENT NO (If Applicable)		
ARE YOU FROM? (indicate with an X)	URBAN	RURAL	INFORMAL SETTLEMENT	FARM
HOME TEL NO:		CELL NO:		
EMAIL ADDRESS				
DO YOU HAVE ANY PHYSICAL DISABILITY:		YES	NO	
IF YES PLEASE SPECIFY THE NATURE OF THE DISABILITY				
WHERE DID YOU COMPLETE YOUR GRADE 12?				
NAME OF SCHOOL			YEAR COMPLETED	
ARE YOU ALREADY ACCEPTED / REGISTERED AT A PUBLIC INSTITUTION OF HIGHER LEARNING?			YES	NO
IF YES, NAME OF INSTITUTION (ATTACH COPY OF ACCEPTANCE LETTER / PROOF OF REGISTRATION)				
CURRENT YEAR OF STUDY (Indicate with an X)	1ST	2ND	3RD	4 TH
ATTACH A STUDY QUOTATION FOR 2021				

**ALL APPLICATION FORMS MUST BE SUBMITTED TO THE
DEPARTMENT OF COOPERATIVE GOVERNANCE AS STATED IN THE
ADVERTISEMENT**

PARENT/LEGAL GUARDIANS/CAREGIVER INFORMATION <i>(IN THE CASE OF DEPENDENTS)</i>	
SURNAME:	
RELATIONSHIP E.G. PARENT/GUARDIAN	
FIRST NAMES:	
EMPLOYER:	
OCCUPATION:	
ID NUMBER:	
TELEPHONE NO:	
FAX NO:	
E-MAIL ADDRESS:	
CELLPHONE NO:	

CHECKLIST FOR SUPPORTING DOCUMENTS	YES / NO
APPLICATION FORM	
ACCEPTANCE LETTER/ PROOF OF APPLICATION AT A PUBLIC INSTITUTION	
CERTIFIED ID COPY	
MATRIC CERTIFICATE	
CERTIFIED QUALIFICATIONS	
CURRICULUM VITAE	
MOTIVATION LETTER	
PROOF OF INCOME/ AFFIDAVIT	
PROOF OF RESIDENCE	

Please indicate whether all the necessary attachments have been included:

I _____, ID: _____ confirm that the information I have provided herewith is correct.

Signature: _____

Date:

CLOSING DATE FOR APPLICATIONS IS 30 DECEMBER 2020.

NO APPLICATION FORM WILL BE ACCEPTED AFTER THE CLOSING DATE AND FAILURE TO PROVIDE ALL THE REQUIRED INFORMATION AND DOCUMENTS WILL IMMEDIATELY DISQUALIFY THE APPLICANT.