

# VHEMBE DISTRICT MUNICIPALITY EXECUTIVE MAYOR'S BURSARY FUND 2021 APPLICATION FORM

# **EXECUTIVE MAYOR'S BURSARY FUND**

## **SECTION A: PERSONAL DATA**

1. Name of Applicant
2. Physical address:
3. Postal address
Code
4. Name of local municipality
5. Ward Number
6. Cell Number
7. Fax Number
3. Nationality
9. Gender
10. Date of birth
11. Identity number
12. Disabilities (specify if any)

# **SECTION B: DETAILS OF FAMILY BACKGROUND**

13. Details of parents
Name of Mother
Name of Father
Name of Mother's employer
Name of Father's employer
Mother's Contact no.
Father's Contact no.
14. Details of Guardian  Name of guardian
Name of guardian's employer
Guardian's contact no.
15. Briefly describe your financial status
SECTION C: ACADEMIC HISTORY  16. Name of secondary school / Tertiary Institution

Vhembe District Municipality Executive Mayor's Bursar	y Fund 2021 Application Form	
17. Address of school / Institution	n	
18. Telephone number of school	/ Institution	
19. Name of school principal / Re	ector	
20. List subjects passed with rele	evant marks / symb	pols
SUBJECTS	GRADE	SYMBOL

### **SECTION D: QUALIFICATION TO BE STUDIED**

will only be entered into with successful students.

and Water Management, Environmental/Disaster/ Waste Management, Regional and
Town Planning, <u>Engineering/Civil/Electrical/Mining/Mechanical/</u> Chemical,
Finance/Financial Accounting/B Com Accounting/ Auditing, Economics and Business
Management / Tourism/ Agriculture/Information Technology.
22. Name of Institution
zz. Name of institution
23. Name and number of subjects / modules
25. Name and humber of subjects / modules
24. Duration of the course
25. Cost of the course
26. Starting date
27. Explain how this course will help you accomplish your goals for the future
27. Explain from time course will from your goale for the fatare
NB: The decision of the selection committee is final and no correspondence will be
entered into. Successful candidates will be required to sign a contract. Correspondence

SECTION E: DECLARATION
1. Name of Applicant
Signature
Date
I declare that the information supplied in this application is to the best of my knowledge true and correct. I understand that any false information will automatically disqualify me from being part of the learnership project.
NAME OF APPLICANT
SIGNATURE
DATE
10 Annexure B: Declaration
OATH OF SECRECY
13. I with ID
14. NO hereby swears that:
15. I will not either directly or indirectly divulge or disclose to anyone or be a party to the divulging or disclosing of information which has been in any way acquired by me in connection with the discharge of duties imposed upon or entrusted to me by virtue of the office that I an holding except when I shall be required to do so in the course of my duty or by order of a competent Court of Justice and I will in all matters observe secrecy with regard to everything.

16. If I am found to have divulged or disclosed any information, the Vhembe District Municipality

will accordingly apply its disciplinary policies to deal with the transgression.

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17. I know and understand the contents of this declaration. I have no objection to take	king the
prescribed Oath. I consider the prescribed Oath to be binding on my conscience.	
18. Signature of declarant:	
19. Thus done and sworn before me at Thohoyandou on this	day of
2020	
20. To be completed by the Chairperson	
21. FULL NAME(S) AND SURNAME	
22. SIGNATURE	
23. DATE	
24. Thus done and sworn before me at Thohoyandou on this	day of