



**APPLICATION FORM (2020): DISASTER MANAGEMENT BURSARY**

**PLEASE PRINT CLEARLY IN BLOCK LETTERS**

<b>SURNAME:</b>		<b>ID NO:</b>	
<b>FIRST NAMES:</b>		<b>NATIONALITY:</b>	
<b>GENDER:</b>		<b>RACE:</b>	
<b>HOME ADDRESS: (RESIDENTIAL)</b>		<b>POSTAL ADDRESS:</b>	
		<b>STUDENT NO (If Applicable)</b>	
<b>ARE YOU FROM? (indicate with an X)</b>	<b>URBAN</b>	<b>RURAL</b>	<b>INFORMAL SETTLEMENT</b>
			<b>FARM</b>
<b>HOME TEL NO:</b>		<b>CELL NO:</b>	
<b>EMAIL ADDRESS</b>			
<b>DO YOU HAVE ANY PHYSICAL DISABILITY:</b>		<b>YES</b>	<b>NO</b>
<b>IF YES PLEASE SPECIFY THE NATURE OF THE DISABILITY</b>			
<b>WHERE DID YOU COMPLETE YOUR GRADE 12?</b>			
<b>NAME OF SCHOOL</b>	<b>GRADE COMPLETED</b>	<b>PERIOD</b>	
		<b>YY</b>	<b>MM</b>
			<b>DD</b>
<b>ARE YOU ALREADY ACCEPTED / REGISTERED AT AN INSTITUTION OF HIGHER LEARNING?</b>			<b>YES</b>
			<b>NO</b>
<b>IF YES, NAME OF INSTITUTION (ATTACH COPY OF ACCEPTANCE LETTER / PROOF OF REGISTRATION)</b>			
<b>CURRENT YEAR OF STUDY (Indicate with an X)</b>	<b>1ST</b>	<b>2ND</b>	<b>3RD</b>
			<b>4TH</b>
<b>ATTACH A STUDY QUOTATION FOR 2020</b>			

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

<b>PARENT/LEGAL GUARDIANS/CAREGIVER INFORMATION (IN THE CASE OF DEPENDENTS)</b>	
<b>SURNAME:</b>	
<b>RELATIONSHIP E.G. PARENT/GUARDIAN</b>	
<b>FIRST NAMES:</b>	
<b>EMPLOYER:</b>	
<b>OCCUPATION:</b>	
<b>ID NUMBER:</b>	
<b>TELEPHONE NO:</b>	
<b>FAX NO:</b>	
<b>E-MAIL ADDRESS:</b>	
<b>CELLPHONE NO:</b>	
<b>* PLEASE SUBMIT CERTIFIED COPY OF YOUR ID &amp; PROOF OF INCOME ( AND OF PARENTS / LEGAL GUARDIAN IF YOU ARE DEPENDENT)</b>	

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

Signature:.....

Date: -----

**CLOSING DATE FOR APPLICATIONS IS 31 JANUARY 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.**