



IMPORTANT INFORMATION

- Please complete this form in black ink.
- Sections A to F should be completed in full by an applicant. Incomplete forms shall not be accepted.
- Please attach certified copies of your ID Document and proof of qualifications. Applications that do not comply to the institutions contained in this form shall not be considered.

Criteria:

- Eligible learners must be residents of Lephalale Local Municipality.
- Learners must study in the field that will be beneficial to the municipality or the so called critical Skills.
- Learners must show consistent good performance.
- Their parents may be unemployed or classified as indigent.
- Learner must be in grade 12 during the current financial year or should have passed grade 12 or doing first year at any tertiary Institution.
- Preference will be given to learners doing or who have passed: Mathematics, Physical Science, Commerce and Technology as key subjects.
- Mean will be conducted by visiting the home of the applicant to determine the need of the concerned applicant.

A. POST PARTICULARS:					
The name of the qualification you are applying for (e.g. B Com Accounting Degree):					
Institution in which you intend to study with:					
B. DETAILS OF THE APPLICANT:					
Title:		Initials:			
Surname:					
First Name(s):					
Date of Birth:		Currently studying? :	Yes		No

ID Number:														Age:	
Please mark the relevant block										Gender:	MALE	FEMALE			
Race:	AFRICAN			WHITE			COLOURED			INDIAN					
How long do you wish to study/ enrolled?															
If yes, specify:															
Residential Address:										Postal Address: (If different from Residential address)					
Province:										Contact Number:					
E-mail Address (If applicable):															
C. Qualification															
What is your highest standard passed? (attach proof)															
Do you have an additional completed qualification?										Yes		No			
If yes, specify: (attach proof)															
Qualification:										Institution:					
D. DISABILITY INFORMATION:															
Do you have a disability?										Yes		No			
Specify other conditions; if any															
Do you require the assistance of another person (Aid) while you are studying??										Yes		No			
Tick the nature of the disability below:															
Deaf		Blind		Hard to hear		Visually impaired		Loss of Speech							
Learning disability			Paralysis/Quadriplegic/wheelchair bound					Other (Specify below)							
E. PARENTS:															
Name			Relationship to you			Employer/Company			Contact Number						
F. DECLARATION:															

I declare that all the information provided (including any attachments) is complete and correct to the best of my knowledge. I understand that any false information supplied could lead to my application for the study grand being disqualified.

Signature: _____

Date: _____

G DETAILS OF PARENT OR GUARDIAN IF ONLY UNDERAGE

Surname:

First Name(s):

South African ID No:

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Postal Address:

Postal Code:

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Parent's signature/ Guardian

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Date