



### 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: Maths, 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.

<b>A. POST PARTICULARS:</b>			
The name of the qualification you are applying for (B Com Accounting. Degree):			
Institution in which you intend to study with:			
<b>B. DETAILS OF THE APPLICANT:</b>			
<b>Title:</b>		<b>Initials:</b>	
<b>Surname:</b>			
<b>First Name(s):</b>			

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:													
<u>Residential Address:</u>						<u>Postal Address:</u> (If different from Residential address)							
Province:								Contact Number:					
E-mail Address (If applicable):													
<b>C. Qualification</b>													
What is your highest standard passed? (attach proof)													
Do you have an additional completed qualification?						Yes		No					
If yes, specify: (attach proof)													
Are you currently studying?			Yes		No		If yes, specify below:						
Qualification:						Institution:							
<b>D. DISABILITY INFORMATION:</b>													
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)					
<b>E. PARENTS:</b>													
Name			Relationship to you			Employer/Company			Contact Number				

<b>F. DECLARATION:</b>			
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**

Surname:

First Name(s):

South African ID No:

Postal Address:

Postal Code:

.....  
**Parent's signature/ Guardian**

.....  
**Date**