

**DR. KENNETH KAUNDA DISTRICT MUNICIPALITY**  
**APPLICATION FORM FOR FINANCIAL ASSISTANCE-2017**

**SECTION A – PERSONAL DETAILS OF APPLICATION**

1.	Surname		
2.	First Names		
3.	Date of birth		
4.	Place of birth		
5.	Identity No.		
6.	SA Citizenship	Yes	No
7.	Gender	Male	Female
8.	Do you have any disability	If YES, describe the nature of disability	
9.	Residential address with postal code		
10.	Postal address with postal code		
11.	Contact telephone numbers including dialling code	Home	Cellular
		Parent/ Guardian	Other Contacts
12.	Email address		
13.	Have you ever been found guilty of a criminal offence?	Yes	No
		If yes, please specify the nature and date of offence.	
14.	Are your parent's employees of the Dr Kenneth Kaunda DM or its Local municipalities?		
15.	Employment Status		

**SECTION B – HIGH SCHOOL ATTENDED**

1.	Name of school			
2.	School address			
3.	Province			
4.	Grade (Please tick)	Currently in Grade 12	Completed Grade 12	
5.	Years attended	From :	To :	
6.	Code	Subjects	Percentage	
6.1				
6.2				
6.3				
6.4				
6.5				
6.6				
6.7				
6.8				

**NB: Attach proof of the latest results.**

**SECTION C – POST MATRIC QUALIFICATIONS**

1.	Full name of highest qualification	
2.	Nature of qualification	
3.	Status	
4.	If discontinued, for what reasons	
5.	If presently studying, which year of study?	
6.	Student Number	
7.	Name of institution	

**NB: Attach proof of the latest academic results or academic transcripts**

**SECTION D – INTENDED STUDY FOR THE NEW ACADEMIC YEAR (Please mark with ‘X’)**

The relevant Institution applying for			
Field of study			
Tuition fees			
Are you receiving any other Bursary or loan?	Yes	No	If YES, describe below the nature of financial assistance and any obligations involved and provide the name of the institution that granted the bursary / loan assistance:

**SECTION E – DETAILS ABOUT PARENT (S) GUARDIANS (S) NEXT OF KIN**

1.	Surname			
2.	First names			
3.	Identity No.			
4.	Relationship	Mother	Father	Guardian
				Other, specify:
5.	Residential address with postal code			
6.	Postal address with postal code			
7.	Contact telephone numbers including dialing codes	Home		Cellular
		Work		Other contacts
8.	email address			
9.	Total house-hold income			

Attach proof of Household income

DR KENNETH KAUNDA  
DISTRICT MUNICIPALITY

**SECTION F – DECLARATION**

1. I hereby, declare that ALL the information provided in this application form is complete and correct.
2. I hereby, acknowledge that if ANY of the information provided in this application form is found to be incomplete and / or incorrect, my application will be disqualified.
3. Signature of:

3.1 APPLICANT: \_\_\_\_\_

3.2 DATE: \_\_\_\_\_

4. Signature of :

4.1 PARENT/ LEGAL GUARDIAN: \_\_\_\_\_

4.2 DATE: \_\_\_\_\_

**INSTRUCTIONS:**

1. ENSURE THAT THE APPLICATION FORM IS COMPLETED IN FULL AND SIGNED
2. *NB: INCOMPLETE APPLICATION FORM WILL BE DISQUALIFIED*
3. THE FOLLOWING DOCUMENTS MUST BE ATTACHED:
  - CERTIFIED COPY OF MATRIC RESULTS
  - CERTIFIED COPY OF ACADEMIC RECORD (IF ALREADY AT TERTIARY)
  - CERTIFIED COPY OF IDENTITY DOCUMENT
  - PROOF OF RESIDENCE (Municipal Accounts)
  - LETTER OF ACCEPTANCE FROM INSTITUTION (1<sup>ST</sup> YEAR STUDENTS)
  - PROOF OF COURSE REGISTRATION FEES
  - PROOF OF HOUSEHOLD INCOME
4. APPLICANTS MUST BE RESIDENTS OF DR. KENNETH KAUNDA DISTRICT MUNICIPALITY  
❖ *PLEASE RETURN BY 06 JANUARY 2017*