

DR. KENNETH KAUNDA

DISTRICT MUNICIPALITY



DR. Kenneth Kaunda District Municipality 2021 Student Financial Assistance Application Form

DR. KENNETH KAUNDA

DISTRICT MUNICIPALITY



APPLICATION FORM - STUDENT FINANCIAL AID 2021

SECTION A - PERSONAL DETAILS OF APPLICATION

	Surname		
	First Names		
	Date of Birth		
	Place of Birth		
	Identity Number		
	SA Citizenship	Yes	No
	Gender	Male	Female
	Do you have any disability	<input type="checkbox"/> Yes <input type="checkbox"/> No	(If YES, describe the nature of disability)
	Residential Address with Postal Code		
	Postal Address with Postal Code		
1	Contact Numbers	Home	Cellular
		Parent/Guardian	Other Contacts
2	Email Address		
3	Have You ever been found guilty of a criminal offence?	Yes	No
		(If YES, please specify the nature and date of offence)	
4	Employment Status		

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SECTION B - HIGH SCHOOL ATTENDED

1	Name of School			
2	School Address			
3	Province			
4	Grade (Please Tick)	Current Grade:	Completed Grade:	
5	Years Attended	From:	To:	
6	Code	Subjects	Percentage	
7				
8				

NB: (ATTACH PROOF OF LATEST RESULTS)

SECTION C - POST MATRIC QUALIFICATIONS

Full Name of Highest Qualification	
Nature of Qualification	
Status	
If Discontinued, Give Reasons	
If currently studying, which year of study?	
Student Number	
Name of Institution	

NB: (ATTACH PROOF OF LATEST ACADEMIC RESULTS OR ACADEMIC TRANSCRIPTS)

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SECTION D - INTENDED STUDY FOR THE NEW ACADEMIC YEAR (Please mark with an 'X')

The relevant Institution applying for			
Field of Study			
Tuition Fees			
Did you previously receive any financial assistance from the DR. Kenneth Kaunda District Municipality?			
Are you receiving any other Financial Assistance or Loan?	Yes	No	If YES - Describe below the nature of Financial Assistance, any obligations involved and provide the name of the institution that granted the Bursary, Financial Assistance or Loan Assistance:

SECTION E - DETAILS ABOUT PARENT(S) / GUARDIAN(S) NEXT OF KIN

Surname				
First Names				
Identity Number				
Relationship	Mother	Father	Guardian	Other, Specify:
Residential Address with Postal Code				
Postal Address with Postal Code				
Contact Numbers	Home		Cellular	
	Work		Other Contacts	

NB: (ATTACH PROOF OF HOUSEHOLD INCOME)

SECTION D - 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 incorrect, my Application will be disqualified.

3. Signature of:

3.1 **APPLICANT:** _____

3.2 **DATE:** _____

4. Signature of:

4.1 **APPLICANT:** _____

4.2 **PARENT / LEGAL GUARDIAN:** _____

INSTRUCTIONS:

1. **ENSURE THAT THE APPLICATION FORM IS COMPLETED IN FULL AND SIGNED.**
2. **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 (1ST YEAR STUDENTS)**
 - **PROOF OF COURSE REGISTRATION FEES**
 - **PROOF OF HOUSEHOLD INCOME**
3. **APPLICANTS MUST BE RESIDENTS OF DR. KENNETH KAUNDA DISTRICT MUNICIPALITY**
 - **NB: PLEASE RETURN BY 29 JANUARY 2021**

NB: (INCOMPLETE APPLICATION FORM WILL BE DISQUALIFIED)