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NB: Proof

Enquiries: Mr. H Arendse

C. (Current studies)

Name of previous school: Grade: (E.g. Grade 12)

Subjects: (indicate HG / SG

PLEASE NOTE: This form must	be completed in	your own h	nandwrit	ing (PLEAS	E PRIN	T)
	A (Personal	Particulars)			NACTOR A
Surname: (Block letters)			Title:	Mr	Mrs	Ms
First Name(s): (Block letters)						
Date of birth:	YYYY		MM		DD	
ID Number:						
For the purpose of monitoring equ	ity in terms of aw	arding bursa	ries, it wo	uld be appre	eciated if	F
you could provide information reg	arding the follow	ing:				
Please indicate with X	African	Coloured	India	n White		Other
Disability, indicate with X	Yes	No	If yes, specify:			
Permanent Residential Address:						
		r.			Code:	
Postal Address, if different from resident	ial address					
No.					Postal	code:
Tel. Home: ()	Cell:			Other Te	l:	
Email Address:						
B (Det	ails about the ir	ntended field	d of stud	ly)		- 17
Name of Institution:						
Field of study: (E.g. BCom or LLB)						
Year-E.g. 2nd year						
Ouration of course (E.g. 3 years)						
Estimated Fees for 2024 (registration, C	lass fess + Stationar	y)				

Symbols obtained in last exam

		of results must be attached
	2.Tertiary level	. Frillian
Name of institution: Major subjects:	Percentage obtained in last exam	NB: Proof of results must be attached
	References	
	ers/ Community leaders or lecturers who ict and / or academic performance	can act as your
Name	Tel:	
Organization / School/ Institution		
Name	Tel:	
Organization / School/ Institution		
form or in connection with thi already awarded, in the	misleading information furnished on t s bursary application may result in the withdrawal thereof and the recovery o	rejection thereof, or i
Signature:	Date:	
Signature of Parent or Guardian (if u	nder 21):	
Proof of registration at the different in Proof of study fees (must include boo Proof of household income (e.g. pays Proof of results (e.g. Grade 12 / Collectified copy of ID	stitutions k fees)	