



CITY OF CAPE TOWN
ISIXEKO SASEKAPA
STAD KAAPSTAD

EXTERNAL APPLICATION FOR FINANCIAL SUPPORT

PLEASE SELECT FINANCIAL SUPPORT TYPE:	
UNDER-GRADUATE / FIRST DEGREE	
POST-GRADUATE / HONOURS	
MASTERS	
DOCTORATE	
PLEASE SELECT INSTITUTION TYPE:	
TVET	
UNIVERSITY OF TECHNOLOGY	
UNIVERSITY	

THIS APPLICATION IS CONSTRUCTED TO REFLECT THE ETD FRAMEWORK POLICY AS PHRASED BELOW;

9.1.3 The financial support is open to students who are residents of Cape Town and registered at accredited academic institutions within the borders of South Africa, including TVET colleges.

PLEASE NOTE:

- This form must be completed in your own handwriting (PLEASE PRINT)
- No late applications will be considered.
- Applications will not be acknowledged in writing and copies of supporting documents will not be returned.
- Applications without all supporting documents will not be considered

Submit your completed form and supporting documentation to one of the following Walk-in Centres: Bellville, Brackenfell, Cape Town Civic Centre, Parow, Plumstead or Strand.

The Following Supporting documents needs to accompany the application:

Documents	X
1. A registration letter or provisional acceptance letter from your approved tertiary institution	
2. Statement of account if registered	
3. A certified copy of your matric certificate if you have matriculated	
4. Copy of Grade 12 final /midyear results with an average of 65% and above	
5. Any recommendations from teacher, mentors and peers	
6. Awards and certificates you have won	
7. A certified copy of your Identity Document	
8. A certified copy of Surety Holder's Identity Document	
9. Proof of Residence	
10. Proof of Income(Payslip/Government Grant)	
11. Proof of any work you have already done in the field you are planning to study	

A. FINANCIAL SUPPORT PARTICULARS

FIELD OF STUDY					
NUMBER OF YEARS REQUIRED FOR FINANCIAL SUPPORT?		TOTAL DURATION OF COURSE			
NAME OF CURRENT OR INTENDED EDUCATIONAL INSTITUTION					
ARE YOU IN POSSESSION OF ANY FINANCIAL SUPPORT AT THE MOMENT?(IF YES PLEASE ATTACH PROOF)	Yes		No		

B. PERSONAL PARTICULARS

SURNAME					TITLE	Mr	Mrs	Miss
FIRST NAMES								
DATE OF BIRTH (dd mm yyyy)								
IDENTITY NO.								
FOR THE PURPOSE OF MONITORING EMPLOYMENT EQUITY IN TERMS OF FINANCIAL SUPPORT, IT WOULD BE APPRECIATED IF YOU COULD PROVIDE INFORMATION REGARDING YOUR RACE, GENDER AND DISABILITY.								
PLEASE CIRCLE								
African	Coloured	Indian	White	Male	Female			
DISABILITY (PLEASE SPECIFY)								
PERMANENT RESIDENTIAL ADDRESS (ATTACH PROOF)								
					POSTAL CODE			
ADDRESS AT WHICH YOU CAN BE CONTACTED AT ALL TIMES (ATTACH PROOF)								
					POSTAL CODE			
POSTAL ADDRESS (IF DIFFERENT FROM RESIDENTIAL ADDRESS)								
					POSTAL CODE			
HOME TELEPHONE NO.	(Code)			No.				
ALTERNATE CONTACT NO.	(Code)			No.				
E-MAIL ADDRESS								
NEXT OF KIN NAME AND SURNAME								
NEXT OF KIN IDENTITY NO.								
NEXT OF KIN TELEPHONE NO.								
RELATIONSHIP TO APPLICANT								

C. HOUSEHOLD CIRCUMSTANCES

HOUSEHOLD GROSS ANNUAL INCOME	Up to R100 000	Up to R200 000	Up to R300 000	Up to R400 000	Up to R500 000	Above R500 000
STATE NUMBER OF PERSONS DEPENDANT ON THE HOUSEHOLD ANNUAL INCOME						
NAME OF PERSON WHO WILL STAND AND BE BOUND AS SURETY FOR THE FINANCIAL SUPPORT						
POSTAL ADDRESS OF SURETY HOLDER						
					POSTAL CODE	
HOME TELEPHONE NO.	(Code)		No.			
WORK / CELL NO.	(Code)		No.			
IDENTITY NO.						
SIGNATURE OF SURETY HOLDER						

D. EDUCATIONAL INFORMATION

1. CURRENT GRADE 12 SUBJECTS	LAST EXMINATION SYMBOLS OBTAINED
2. POST SCHOOL QUALIFICATION	
(a) SUBJECT(S) ALREADY PASSED	
NAME OF INSTITUTION	
COURSE OF STUDY	
SUBJECTS	YEAR

(b) SUBJECT(S) CURRENTLY BEING STUDIED	
NAME OF INSTITUTION	
COURSE OF STUDY	
SUBJECTS	YEAR

(c) SUBJECTS INTENDED TO BE STUDIED NEXT YEAR	
NAME OF INSTITUTION	
COURSE OF STUDY	
COST FOR NEXT YEAR	
SUBJECTS	

E. GENERAL

PLEASE PROVIDE FULL DETAILS OF PREVIOUS FINANCIAL SUPPORT COMMITMENTS THAT ARE STILL OUTSTANDING, SHOULD YOU HAVE ANY.

SPECIAL ACHIEVEMENTS OBTAINED TO DATE.

LIST ALL EXTRA-MURAL ACTIVITIES IN WHICH YOU PARTICIPATE. THIS INCLUDES SPORT AND COMMUNITY INVOLVEMENT

LIST YOUR HOBBIES

PLEASE MOTIVATE YOUR CHOICE OF CHOSEN FIELD OF STUDY

WHAT PERSONAL QUALITIES DO YOU CONSIDER NECESSARY TO BE SUCCESSFUL IN THE CAREER WHICH YOU HAVE CHOSEN?

F. HEALTH

DO YOU HAVE ANY HEALTH PROBLEMS WHICH MAY INTERFERE WITH YOUR CHOSEN COURSE OF STUDY AND CAREER?

G. REFERENCES

PLEASE GIVE THE NAMES OF TWO TEACHERS / LECTURERS / TUTORS WHO KNOW YOU WELL, WHO WE MAY CONTACT.

NAME				
TELEPHONE	(Code)		No.	
NAME				
TELEPHONE	(Code)		No.	

I UNDERSTAND THAT ANY FALSE OR MISLEADING INFORMATION PROVIDED IN THIS FINANCIAL SUPPORT APPLICATION FORM, OR IN CONNECTION WITH THIS FINANCIAL SUPPORT APPLICATION, MAY RESULT IN THE REJECTION OF THE APPLICATION. IF A FINANCIAL SUPPORT HAS ALREADY BEEN AWARDED BY THE CITY, THIS COULD BE WITHDRAWN AND ALL MONIES ALREADY PAID WILL BE RECOVERED.

SIGNATURE	
DATE	
SIGNATURE OF GUARDIAN (in case of a minor)	

POPIA ACTION CONSENT

Do you agree that your information provided can be verified?	Yes		No	
I hereby confirm that the information is a true reflection of my skills and qualifications and all other relative information	Yes		No	
Signature:				
Date:				