



Year :2025

		user

- Use capital letter
- Give concise answers
- Not for use by Assmang/ Municipal employees
- All attached copies must be certified
- Incomplete or late applications will not be considered

1. Please indicate how you learned about this bursary scheme?

Please	Newspaper	Radio	Friend	Parents	Other	
tick					(please	
					specify	

2. Applicants bio data

Surname			
First name(s)			
Gender tick	Male	Female	
Marital status			
Residential address			
Postal address			
Municipal Ward			
Your email address			
Alternative email address			
Your contact number			
Who can we contact in case of e	mergency		
Name			
Relationship to applicant			
Contact number			





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Physical address (If note the same address as	ot using					
applicant)						
Please list the school	ls attended					
Schools attended	School		Year co	mpleted	Village	Municipality
Grade 12						
Grade 11						
Grade 10						
Grade 09						
Grade 08						
4. Please indicate racia Race Black Co 5. Please provide your Identity number 6. Is any member of far Please tick (×)	RSA identit	y number (attach			n the application).	
Assmang						
Black Rock Mine Opera	ations?					
Ga-Segonyana Municipality?						
7. Assmang and Ga-Se Do you have a physi Yes No If yes, please describe	cal disability		advancing	the needs	of the people wh	o are differently abled.

Yes

No

8. Have you completed Matric with a Bachelors/ university pass?





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9. Which University has give acceptance? (attach certif	•							
			•					
10. What first choice field of stu	udy did you apr	oly for?						
11. What is your second choice	e field of study?	?						
12. If already studying complet	e the table belo	ow as we	ll (attach	evidence)	1			
Field	D	etails						
13. Year started								
14. Years completed								
15. Faculty name								
16. Institution's name					l			
17. Reason for applying for the assistance	is financial							
18. Courses already complete	2d							
To: Codroco direddy complete	_							
	_							
19. Who paid for your studies	hefore							
applying to this scheme (p								
piece jobs, bursary)	zaronto,							
20. Conditions of the agreement	ent							
21. Reasons for changing sou								
financial support								
22. State your financial position23. Are you, at present, study		•	estions ?	13-21 has	not beei	n respond	ded to)	
Proof required								1
24. Which bursary scheme ar	e you							
currently on?								
25. What do they cover?						•		
26. Father's occupation								
27. Employer`s name								
28. Income	Less than R2	500 a		n R2 500.	00	Above R	3 000. 00	



(Please tick where

29. Mother's occupation

applicable)

GA-SEGONYANA ASSMANG BURSARY SCHEME Application Forms



Year :2025

30. Employer's name					
31. Income (Please tick where applicable) Less than R2 50 month			500 a	Between R2 500. 00 and R6 000. 00	Above R6 000. 00
32. How many depend	lants are	at home?			
33. No of siblings at te	rtiary				
34. No. of siblings at s	chool				
Details of paren	ts/ guardi	an			
Title					
Name/s					
Id number					
Relationship tick	Mother:				
	Father:				
Other (specify)					
Postal address					
Residential address					
Email address					
Tel No. (Home)					
Tel. No (Work)					
Cell No.					





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35. Declaration						
I certify	(Name& Surname),					
Identity numberhereby certify that the	information provided is, to the					
best of my knowledge, correct and will accept getting disqualified should cross checking prove otherwise.						
Applicant's signature	Date					

Please attached certified copies of the following documents:

- Copy of applicant identity card
- Academic record (second year)
- Grade 12 results
- Parent/Guardian proof of income
- Affidavit from SAPS if the parent are/is unemployed
- Provisional acceptance by a university
- Proof of residence