## HARRY GWALA COMMUNITY REGISTRATION BURSARY APPLICATION FORM



## HARRY GWALA DISTRICT MUNICIPALITY "Together We Deliver and Grow" OFFICE OF THE MUNICIPAL MANAGER

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Forms can be downloaded from the Harry Gwala website: http://www.harrygwaladm.gov.za

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Surname		ID Number	
First Names			
Telephone No.		Email	
		COURSE DETAILS	_
Institution through	h which studying		
Student Number			
Name of full cour	rse		
Duration of full co	ourse		
Academic year o	f study		
	istration Fee		
R		Total R	
		Total IX	
	APPLICANT DECLARATION OF	F UNDERSTANDING OF BURSARY CONDITIONS	
I,	(applic	icant name), hereby declare that the information provided above is correct.	
Appl	licant Signature	Date	