



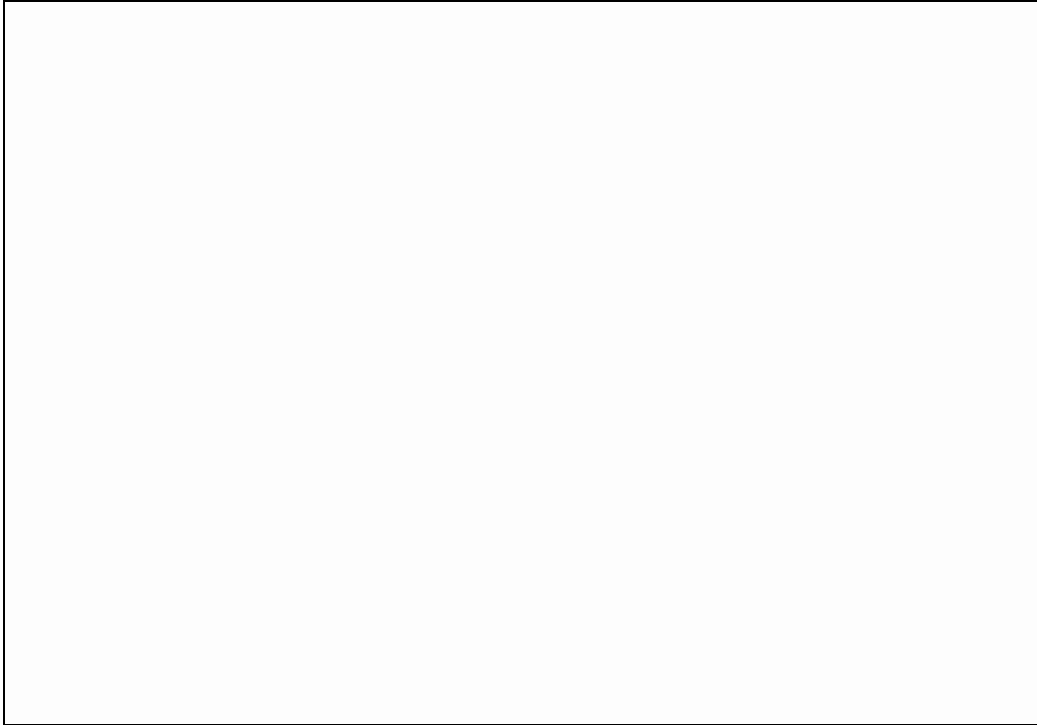
Bapo Ba Mogale Education Committee

(On Behalf of Bapo ba Mogale Traditional Council)

Private Bag X0001 || Bapong || Brits || North West Province || 0269

Tel: +27 12 261 1500 || Fax: +27 86 260 6102

Email: Education@bapoinvestment.co.za





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Bursary Application/Project

A. Particulars of the Applicant

Title Surname

First names

SECTION Please Tick	Newtown	Skoolplaas	No: 1	Leokeng	Legalaopeng	Segwelane	Wonderkop	Oudstad
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Male	Female
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Identity Document																			
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RACE	African	Asian	Coloured	Indian	White
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Nationality		
Province		
DISABILITY	No	Yes

Marital Status		Home Language	
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Residential address :	
Postal Code :	
Cell phone No :	
Alternative No :	
Fax Number :	
Email Address	

B. DECLARATION OF APPLICANT

Applicant Signature :		Date :	
Applicant Signature :		Date :	

If Still a Minor (Parents Sig/Guardian		Date:	
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C. PARTICULARS OF CURRENT YEAR OF STUDY

Year Applying For	
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Qualifications

UNIVERSITY	DIPLOMA	CERTIFICATE	SUPPORT PROGRAM	OTHER
Other Specify				

Institution: (Supply Proof of registration)	
Course:	

Subjects

If you are not currently enrolled at an educational institution, please indicate what you Are doing at present	
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C. OTHER BURSARIES, SPONSORS AND DONORS

Did you receive a Bursary from Bapo ba Mogale in the Previous Year?

Yes	No
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If yes, Which course did you study	
Which Institution did you Study	
Which Course did you Study	
The Annual Cost of Year Funding	
Which Level of Study are you in	

Do you have or have you received a study loan from other funder?

Yes	No
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If yes, name of Sponsor	
For what Course did you study	
For How long did the Funding Last	
Cost of the Annual Cost of Funding	



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E. DETAILS ABOUT PARENTS/GUARDIAN/NEXT OF KIN

Father:	
Title:	Surname:
Name:	
Identity number:	
Contact Details	
Physical Address:	

Mother:	
Title:	Surname:
Name:	
Identity number:	
Contact Details	
Physical Address:	

E. APPROVAL FROM THE SECTIONAL LEADERS/HEADMASTER/SECTIONAL COUNCILORS

Title:		Surname:	
Name:		Identity No:	
Sectional Head Master	Sectional Councillors	Others with Proof of Authority	
Community Meeting Acknowledge Date:			

I..... Acknowledge that I have approved the following candidate from my Section with the understanding that he/she is a Bapo ba Mogale Permanent Residents under the Bapo ba Mogale Traditional Council and Rangwane WA Kgosi on behalf the Kgosi Bob Edward Mogale.

I also take full responsibility for the transparency of information to the community prior the full bursary is endorsed.

Sign at:		Date:	
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Sectional Stamp here



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