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PROVINSIALE ADMINISIRASIE WES-KAAP
Onderwysdepartement
PROVINCIAL ADMINISTRATION WESTERN CAPE
Education Department
ULAWULO L WEPHONDO LENTSHONA KOLO
ISebe leMfundo

CIRCULAR 0083/2000

TO:

CHIEF DIRECTORS, DIRECTORS, AREA AND CIRCUIT MANAGERS, PRINCIPALS AND CHAIRPERSONS OF PUBLIC SCHOOLS WITH HOSTELS (EXCLUDING COLLEGES OF EDUCATION)

REVISED BOARDING BURSARY APPLICATION AND CLAIM FORM

1. The forms for application for a boarding bursary and the boarding bursary claims has been revised and copies of the revised forms are attached for immediate implementation.
2. In order to expedite the processing of the applications and quarterly claim forms, principals are requested to ensure that the forms are fully and correctly completed.
3. The contents of this circular must be brought to the attention of all concerned.

J. de la Cruz
HEAD: EDUCATION
DATE: 2000/06/30.



WES-KAAP ONDERWYSDEPARTEMENT
WESTERN CAPE EDUCATION DEPARTMENT
ISEBE LEMFUNDO LENTSHONA KOLONI

APPLICATION FOR BOARDING BURSARY

NOTA BENE:

- (a) This form must be completed by the parent(s) or legal guardian(s) of the learner(s)
- (b) Applications must be renewed yearly.
- (c) The completed form must be submitted to the Hostel Superintendent.

1. Name of hostel _____ Year of application: _____

2. Particulars concerning learner(s) for whom application is made:

Name of Learner	Grade	Boarding fees per quarter	Nearest school	Distance to nearest school (km)	School where enrolled
1.					
2.					
3.					
4.					
5.					

3. Personal particulars of parent or guardian

Surname : _____
Full first names : _____

Address: _____

Tel. (home): _____ (work): _____

Name of contact person (if you are not in possession of your own telephone):

Tel.: _____

Marital Status of Parent or Guardian
(Indicate by means of a cross in the relevant block)

Married	Single	Divorced	Widower	Widow	Guardian
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Nota bene: Only applicable in respect of private boarding

Name of boarding parent: _____

Address of boarding parent: _____

4. Particulars of other dependant children who are still studying (pre-primary, primary, secondary, tertiary)

Nota Bene: Students older than 26 years will not be taken in consideration.

	NAME AND SURNAME	NAME OF INSTITUTION	AGE
1.			
2.			
3.			
4.			
5.			

5. Annual gross income of parent(s) or guardian(s) (including all bonuses, overtime, housing subsidies, and other allowances)

5.1 Indicate your gross annual salary by making a cross in the appropriate column (see paragraph 5.5) Attach a salary advice note if possible.

5.2 Where both parents or guardians have incomes, indicate both incomes.

Nota Bene: Your employer(s) must indicate in which income group you belong (see paragraph 6.1.)

5.3 If you are selfsupporting, attach your previous financial year's income tax assessment or IRP5.
If this is not available, attach an audited statement of your income and expenditure or a statement by your auditor, accountant or bookkeeper.

5.4 Child/ foster care/ disablement allowance.
Indicate your gross annual income from these sources by making a cross in the appropriate column (see paragraph 5.5).

Nota Bene: A Commissioner of Oaths must sign a statement in this regard (see paragraph 6.2).

5.5 Table

INCOME GROUP (R)	PARENT 1 (X)	PARENT 2 (X)	NAME OF EMPLOYER	NATURE OF INCOME
0 – 5 000				
5001 – 10 000				
10 001 – 15 000				
15 001 – 20 000				
20 001 – 21 000				
21 001 – 22 000				
22 001 – 23 000				
23 001 – 24 000				
24 001 – 25 000				
25 001 – 26 000				
26 001 – 27 000				
27 001 – 28 000				
28 001 – 29 000				
29 001 – 30 000				
30 001 – 31 000				
31 001 – 32 000				
32 001 – 33 000				
33 001 – 34 000				
34 001 – 35 000				
35 001 – 36 000				
36 001 – 37 000				
37 001 – 38 000				
39 001 – 39 000				
39 001 – 40 000				
40 001 – 41 000				
41 001 – 42 000				
42 001 – 43 000				
43 001 – 44 000				
44 001 – 45 000				
45 001 – 46 000				
46 001 – 47 000				
47 001 – 48 000				
48 001 – 49 000				
49 001 – 50 000				

5.6 TOTAL GROSS annual income to the nearest rand (if more than one income is received, for example 2 salaries, salary + allowance, etc.): R.....

5.7 If unemployed, attached a sworn declaration by a Commissioner of Oaths in this regard.

6. **Declarations**

6.1 Employer(s)

Parent 1

I,, hereby certify that the salary particulars of
.....are, correct.

.....
SIGNATURE OF EMPLOYER /
RESPONSIBLE PERSON

.....
DATE

Parent 2

I,, hereby certify that the salary particulars of
..... are, correct.

.....
SIGNATURE OF EMPLOYER/
RESPONSIBLE PERSON

.....
DATE

6.2 Commissioner of Oaths

I certify that, to the best of my knowledge, receives an allowance as stipulated above.

.....
COMMISSIONER OF OATHS

.....
DATE

6.3 Parent/guardian

I,, hereby certify that I have withheld no information with regard to my financial position. I accept that if at any stage it is established that the information that I have given is not correct, the financial assistance awarded to me will be withdrawn and I shall have to repay the amount of such assistance already paid to me.

.....
SIGNATURE

.....
DATE

6.4 Principal

6.4.1 I,, hereby certify that the learner is attending the nearest suitable school in the Western Cape Province and that he/she resides further than 5 km from the school.

6.4.2 The above-mentioned criteria do not apply to this learner, but I recommend the application for the following reasons:

.....
.....
.....
.....

.....
SIGNATURE

.....
DATE

In the latter case (see paragraph 6.4.2) the application must be referred to the Circuit Manager for a recommendation.

6.5 Recommendation of Circuit Manager

Application approved/not approved.

Comments:

.....
.....
.....

.....
SIGNATURE

.....
DATE

(FOR OFFICE USE ONLY)

CALCULATION OF BURSARY FEES

Name(s) of learner(s)

Gross income R.....

Number of dependants

Percentage according to sliding scale%

Maximum State Contribution	Quarterly hostel tariff	Parent/guardian contribution according to sliding scale/ or higher amount offered	Departmental subsidy/bursary
R	R	R	R

IT IS HEREBY CERTIFIED THAT THE INFORMATION FURNISHED ON THE APPLICATION FORM AND THE ACCOMPANYING DOCUMENTARY PROOF HAVE BEEN VERIFIED

OFFICE DATE STAMP

.....
DRAFTER

VERIFIED AND APPROVED.

.....
HEAD: EDUCATION



WES-KAAP ONDERWYSDEPARTEMENT
WESTERN CAPE EDUCATION DEPARTMENT
ISEBE LEMFUNDO LENTSHONA KOLONI

LOSIESBEURSEISE
BOARDING BURSARY CLAIMS

AREA _____
AREA _____

KWARTAAL GEëINDIG _____
TERM ENDING _____

NAAM VAN KOSHUIS _____
NAME OF HOSTEL _____

SKOOL _____ LOSIESGELD PER KWARTAAL _____
SCHOOL _____ BOARDING FEES PER TERM R _____

BESONDERHEDE VAN BEURS DEUR DEPARTEMENT BETAALBAAR
DETAILS OF BURSARY PAYABLE BY THE DEPARTMENT

VAN EN VOOR- LETTERS VAN LEERDERS / SURNAME AND INITIALS OF LEARNERS	GRAAD / GRADE	GOEDGEKEURDE OUERBYDRAE / APPROVED PARENT CONTRIBUTION	DEPARTEMENTELE MAGTIGINGSNO. EN DATUM / DEPARTMENTAL AUTHORITY NO. AND DATE	GETAL DAE AFWESIG / NUMBER OF DAYS ABSENT	KORTING / REDUCTION	NETTO BEURS BETAAL- BAAR / NET BURSARY PAYABLE

(Gebruik opvolgblad indien nodig/Use continuation sheet where necessary)

EK SERTIFISEER DAT DIE BOGENOEMDE BEDRAG NOG NIE VOORHEEN GEëIS IS NIE EN DAT DIE
OUERBYDRAE OOREENKOMSTIG DIE VOORSKRIFTE BEREKEN IS.
I CERTIFY THAT THE ABOVE-MENTIONED AMOUNT HAS NOT PREVIOUSLY BEEN CLAIMED AND THAT THE
PARENT CONTRIBUTION HAS BEEN DETERMINED IN ACCORDANCE WITH THE PRESCRIPTIONS.

PRINSIPAAL/PRINCIPAL _____
DATUM/DATE :

VOORSITTER VAN BEHEERLIGGAAM/ CHAIRPERSON OF GOVERNING BODY _____
DATUM/DATE :

FOR OFFICE USE / VIR KANTOORGEBRUIK

Bostaande beurse is korrek bereken./The above-mentioned bursaries have been calculated correctly.

HOOF : ONDERWYS / HEAD: EDUCATION _____
DATUM/ DATE :

- Sien opvolgblad vir die berekening van korting op losiesbeurseise as gevolg van afwesigheid.
See continuation sheet for the calculation of reduction on boarding bursary claims due to absence

**OPVOLGBLAD VIR LOSIESBEURSEISE
CONTINUATION SHEET FOR BOARDING BURSARY CLAIMS**

**BESONDERHEDE VAN BEURS DEUR DEPARTEMENT BETAALBAAR/
DETAILS OF BURSARY PAYABLE BY THE DEPARTMENT**

VAN EN VOOR- LETTERS VAN LEERDERS/ SURNAME AND INITIALS OF LEARNERS	GRAAD/ GRADE	GOEDGEKEURDE OUERBYDRAE/ APPROVED PARENT CONTRIBUTION	DEPARTEMENTELE MAGTIGINGSNO. EN DATUM/ DEPARTMENTAL AUTHORITY NO. AND DATE	GETAL DAE AFWESIG/ NUMBER OF DAYS ABSENT	KORTING/ REDUCTIEN	NETTO BEURS BETAAL- BAAR/ NET BURSARY PAYABLE
					TOTAAL/ TOTAL	

BEREKENING VAN VERMINDERDE LOSIESBEURS/ CALCULATION OF REDUCED BOARDING BURSARY

ONONDERBROKE AFWESIGHEID (NAWEKE EN OPENBAREVAKANSIEDAE UITGESLUIT) UNINTERRUPTED ABSENCE (EXCLUDING WEEKENDS AND PUBLIC HOLIDAYS)	VERMINDERING REDUCTION
Minder as 10 dae/ Less than 10 days	Geen/Nil
11 tot 20 dae/ 11 to 20 days	20%
21 tot 30 dae/ 21 to 30 days	40%
31 tot 40 dae/ 31 to 40 days	60%
41 dae en meer/ 41 days and more	80%