NOTICE 173 of 2026

EXTERNAL MUNICIPAL STUDY ASSISTANCE PROGRAMME 2027

Applications are hereby invited from students currently in Grade 12 and learners who have already passed Grade 12 for financial support for further studies in the 2027 academic year. The award is limited to full-time studies at an accredited tertiary institution. Students must reside within the Greater Oudtshoorn Municipality, including the rural areas.

This programme aims to develop students and learners with potential and high performance within the Municipality's municipal area, affording partiality to individuals from historically disadvantaged groups and individuals with disabilities.

Study Assistance will be allocated for one (1) year .Application forms are available at all municipal offices, libraries, and Oudtshoorn Thusong Service Centre during normal work hours between 07:30 and 16:30.

Applications will only be considered if it is correctly and fully completed and the following documentation is attached:

- Certified copy of Grade 12 certificate/Statement of results
- Proof of registration/ admission at any accredited tertiary institution
- Certified copy of identity document
- Proof of residential address
- Proof of combined household income

Please submit applications by hand or post **to Ms M Ayford, Senior HR Officer: Skills Development or Mrs R January, Administrator Skills Development & EPA, Oudtshoorn Municipality, Corner of Voortrekker Road and Baron Van Reede Street, (69 Voortrekker Rd, Oudtshoorn, 6625)**

CLOSING DATE: Friday, 30 October 2026 at 12H00

Please Note: Canvassing will result in automatic disqualification. If you have not been contacted within 30 working days after the closing date of this advertisement, you may assume that your application was unsuccessful. Curriculum vitae will not be returned. No applications sent via e-mail or fax will be considered.

MR M YEKANI
MUNICIPAL MANAGER
***Date Published*: 22 & 23 September 2026**

69 Voortrekkerweg / Umgaqo iVoortrekker / Road OUDTSHOORN 6625
Posbus / Ibokisi yeposi / P.O. Box 255 OUDTSHOORN 6620
Tel.: +27(0)44 203 3000 Faks / I-fax / Fax: +27(0)44 203 3104
E-mail / E-pos: post@oudtmun.co.za
Website / Webwerf: www.oudtshoorn.gov.za

OUDTSHOORN MUNICIPALITY STUDY ASSISTANCE APPLICATION FORM

(PLEASE NOTE: This form must be completed in the own handwriting of the applicant)

PART A: PERSONAL PARTICULARS															
SURNAME					TITLE	MR		MRS		MISS					
FIRST NAMES															
IDENTITY NUMBER															
(Attach a certified copy of your identity document)					DATE OF BIRTH										
For monitoring employment equity in terms of bursaries, it would be appreciated if you would provide information regarding your race, gender and disability.															
GENDER	MALE		FEMALE		DISABILITY (PLEASE SPECIFY)										
RACE	ASIAN		AFRICAN		COLOURED		WHITE		OTHER						
Disability	Yes		No		If yes, please specify:										
RESIDENTIAL ADDRESS (Attach proof)															
					POSTAL CODE										
HOME TELEPHONE NUMBER					CELLULAR NUMBER				ALTERNATIVE NUMBER						
NAME OF NEXT OF KIN															
RELATIONSHIP TO APPLICANT															
IDENTITY NUMBER OF NEXT OF KIN															
HOME TELEPHONE NUMBER					CELLULAR NUMBER				ALTERNATIVE NUMBER						
EMAIL ADDRESS															

PART B: BURSARY PARTICULARS	
FIELD OF STUDY BURSARY IS APPLIED FOR	
NAME OF EDUCATIONAL INSTITUTION AT WHICH YOU ARE OR WILL BE STUDYING	
PART C: COMPULSORY EDUCATIONAL INFORMATION	
GRADE 12 SUBJECTS	SYMBOLS OBTAINED

(Attach Senior Certificate, Official Proof of Results from School / Institution or the Department of Education)	
POST SCHOOL QUALIFICATIONS	
NAME OF INSTITUTION	
FIELD OF STUDY	
SUBJECTS ALREADY PASSED	YEARS IN WHICH SUBJECTS WERE PASSED
(Attach Official proof of results from institution)	
COURSE ENROLLED FOR IN 2027	
NAME OF INSTITUTION	
TOTAL COST OF STUDIES FOR 2027	
SUBJECTS ENROLLED FOR IN 2027	
(Attach proof of registration and cost / Pro-forma Invoice)	

PART D: REFERENCES			
PLEASE PROVIDE THE NAMES OF TWO TEACHERS / LECTURERS / TUTORS TO WHOM YOU ARE WELL KNOWN AND WHOM THE OUDTSHOORN MUNICIPALITY MAY CONTACT:			
NAME		TELEPHONE	
NAME		TELEPHONE	
I UNDERSTAND THAT ANY FALSE OR MISLEADING INFORMATION FURNISHED ON THIS BURSARY APPLICATION FORM OR IN CONNECTION WITH THIS BURSARY APPLICATION MAY RESULT IN REJECTION OF THE APPLICATION OR IF ALREADY AWARDED A BURSARY BY THE OUDTSHOORN MUNICIPALITY IN THE WITHDRAWAL THEREOF AND RECOVERY OF ALL MONIES ALREADY PAID.			
SIGNATURE		DATE	
SIGNATURE OF GUARDIAN (In the case of minor)		DATE	

PLEASE NOTE:

- No late applications will be considered
- Applications will not be acknowledged in writing and copies of supporting documents will not be returned