



# GARDEN CITIES BURSARY

## APPLICATION FORM

### DATE: 30 Jan. 2026

50 Louis Thibault Drive, Edgemead, 7441

ALL COMPLETED APPLICATION FORMS  
MUST REACH THE GARDEN CITIES OFFICE  
BY 26<sup>TH</sup> FEBRUARY 2026

All students' correspondence must reach the UNIVERSITY OF CAPE TOWN  
before or on

**19 Feb. 2026**

STUDENT NAME & SURNAME .....

STUDENT NUMBER.....

GENDER.....

IDENTITY NUMBER / PASSPORT NUMBER.....

DATE OF BIRTH.....

CURRENT YEAR OF STUDY.....

NAME OF COURSE ENROLLED FOR.....

PERIOD OF COURSE i.e. 2 / 3 yrs.....

FACULTY REGISTERED IN.....

**Please note that:**

**(1) Existing bursary holders MUST re-apply for the year 2026**

**and each year thereafter,**

**(2) the GARDEN CITIES BURSARY is only available to 2<sup>nd</sup> year level students**

**up to their Honours degree, if they so wish,**

**(3) Applicants should be from the WESTERN CAPE PROVINCE, South Africa,**

**(4) Only applicants who have NOT ACCEPTED any other bursary, for example ETDP**

**SETA, NSFAS,etc., - will be considered,**

**(5) Applicants should be 26 years old or under - at completion of studies,**

**(6) Only applicants from households whose combined income is between**

**R350 000 – R600 000 per annum, i.e. Missing Middle category – will be considered.**

**APPLICATIONS for this bursary MUST be accompanied with the necessary documentation.**

**Check list:**

**(V) tick**

<b>(a) Certified ID Document</b>	
<b>(b) Copy of Matric Results</b>	
<b>(c) A certified copy of a recent parental payslip and a letter of Employment must be submitted</b>	
<b>(d) A letter of unemployment or death certificate must be provided</b>	
<b>(e) A pension advice if applicable</b>	
<b>(f) Your University progress Report / Study Record</b>	
<b>(g) Your University Financial Statement</b>	
<b>(h) Completion of the Employment Equity EEA1 form (p4)</b>	

## **1. PERSONAL DETAILS :**

Contact details for interviewing purposes :

Functioning cell number: .....

Functioning e-mail address: .....

Home Address: .....

.....  
.....

Address while studying: .....

.....  
.....

High School attended: .....

Student's Signature: .....

## 2. PARENTS' / GUARDIAN'S DETAILS: [Corresponding for (a), (b), (c)]

(i) Full name (s):  
(a) .....

(b) .....

(c) .....

(ii) Relation to student:

(a) .....

(b) .....

(c) .....

Proof of combined household income should be in the form of:

- A certified or official copy of a recent payslip and a **letter of employment** – (not older than 3 months) should be submitted for each parent, guardian, spouse or yourself
- A **pension advice** if applicable
- If unemployed, an affidavit certifying such.

## 3. TERTIARY EDUCATION STUDY DETAILS

FOR EXISTING RECIPIENTS – The Garden Cities Group expects you to re-apply – which will again include your University Progress Report or Study Record for Undergraduate Students; as stated in the cover of this application, for example your student number; your level of study; the Faculty and Department AS WELL AS your Course registered for.

FOR NEWLY registered Postgraduate student candidates for the GC Bursary - submission of the above information together with requirements for points (1.) & (2.) is a necessary pre-requisite.

*Students must note that where the supporting documentation is incomplete, the application will not be considered.*

*The amount of a bursary is at the discretion of Garden Cities and no correspondence will be entered into after a decision has been made.*

THANK YOU

BEST WISHES WITH YOUR STUDIES

Dr Brenda Matthews

Bursary Co-ordinator

For further statistical office use, kindly complete the following declaration.

## DECLARATION BY STUDENT

*(Confidential)*

### PLEASE READ THIS FIRST



#### PURPOSE OF THIS FORM

This form is used to obtain information from students for the purpose of assisting employers (bursary funders) in conducting an analysis on the workforce profile. Employers use this form to ascertain which students are from designated groups in terms of the Employment Equity Act, 55 of 1998, as amended.

#### WHO COMPLETES THIS FORM?

Bursary holders and all employees should fill in this form.

#### INSTRUCTIONS

All employers must ensure that the contents of this form remain confidential, and that it is only used to comply with the Employment Equity Act, 55 of 1998, as amended.

#### PLEASE NOTE:

'Designated groups', mean black people, women and people with disabilities who-

- a) Are citizens of the Republic of South Africa by birth or descent; or
- b) Became citizens of the Republic of South Africa by naturalization –
  - (i) before 27 April 1994; or
  - (ii) after 26 April 1994 and would have been entitled to acquire citizenship by naturalisation prior to that date but who were precluded by Apartheid policies

'People with disabilities' are defined in the Act as people who have a long-term or recurring physical or mental impairment, which substantially limits their prospects of entry into, or advancement in employment.

\*Please note that people with disabilities have the right not to disclose their disability, unless it is in line with the inherent requirements of the job.

1. Name of student: -----

2. University : -----  
(Student Number)

3. Please indicate to which categories you belong with an 'X' below:

Male	Female

African	Coloured	Indian	White

Foreign Nationals	

If you are not a citizen by birth, please indicate the date you acquired your citizenship: -----

Person with a disability*	
If yes, specify nature of disability:	-----

4. I verify that the above information is true and correct.

Signed: -----  
Bursary recipient

Date: -----