



EMFULENI
LOCAL MUNICIPALITY

Vaal River City, the Cradle of Human Rights

Mayoral Bursary Application Form **2025**



1	PERSONAL INFORMATION											
Surname												
First Name												
Date of Birth	D	D	M	M	Y	Y	Y	Y				
Identity Number												
Gender												
Population Group	African <input type="checkbox"/>			Coloured <input type="checkbox"/>			Indian <input type="checkbox"/>			White <input type="checkbox"/>		
Disability												
Home Language												
Marital Status												
Home Address												
Postal Code												
Cellular Number							Telephone Number (H)					
Email Address							Fax Number					
2	PARTICULARS OF FATHER / MOTHER / GUARDIAN											
Name and Surname												
Title (e.g. Mr./Miss)												
Employer Physical Address												
Postal Code												
Telephone Number (W)							Cellular Number					
3	ACADEMIC RECORD											
Academic year (High School)												
Highest Grade Passed												
Name of Educational Institution												
Subject passed											Results	

Other Studies (If applicable)			
Year of study		Course Completed	
Name of Institution			

4	PARTICULARS OF PROPOSED STUDY
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Name of Institution	
Institution Address	
Code	
Campus	<i>(e.g. UJ Soweto Campus)</i>
Student Number	<i>(If applicable)</i>
Intended qualification	<i>(tick appropriate box)</i> Degree <input type="checkbox"/> Diploma <input type="checkbox"/>
Intended field of study	<i>(e.g. BCom)</i>
Course of study	<i>(e.g. Financial Accounting)</i>
Year of study	<i>(e.g. 2025)</i>
Year to complete study	<i>(e.g. 2028)</i>
Years of study	<i>(e.g. 3-4 years)</i>

5A	DECLARATION OF HOUSEHOLD INCOME
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Contact details of Parent/Guardian (Tel)		Other	
Is your Parent/Guardian employed	1. FATHER YES <input type="checkbox"/> NO <input type="checkbox"/>	2. MOTHER YES <input type="checkbox"/> NO <input type="checkbox"/>	
If YES, please state the name of the company/ies	1. FATHER		
	2. MOTHER		
Address of company/ies:	1. FATHER	2. MOTHER	
Tel:	1. FATHER	2. MOTHER	
Salary per annum	1. FATHER	per month	per week
	1. MOTHER	per month	per week

(Please attach proof of income, eg pay slip)(If both parents are employed, submit both pay slips and employment details)

If NO, state means of income:			
Does the Parent/Guardian have other dependants	YES <input type="checkbox"/> NO <input type="checkbox"/>	No of dependants:	
Dependants in school		Senior Citizens	
		Other	

5B	CONFIRMATION OF FAMILIES REGISTERED INDIGENT STATUS (Please attach proof)
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6**FURTHER PARTICULARS**

Describe your general condition of health

Explain briefly your reason for selecting the course you are presently following or wish to follow

7**DECLARATION**

I hereby declare that details contained in this application form are true and correct.

Signature of applicant

Date

Signature of Parent or Guardian

Date

8**CHEKLIST - Please attach proof of Midyear results and other related documents.**

NB! No applications will be considered if not accompanied by all required documentation.

Required documents**Tick**

1. Application form completed in full with signatures

Yes N/A

2. Certified identity document

Yes N/A

3. Proof of application/ admission to the relevant study institution of Higher Education and Training with projected study duration, course scope and tuition costs

Yes N/A

4. Certified copy of Emfuleni Local Municipality's Utility Bill

Yes N/A

5. Certified copies of both parents' salary slip

Yes N/A

6. In the case of parents / guardian not working original affidavit (South African Police Services) declaring as such

Yes N/A

7. Certified copy of Midyear results

Yes N/A

8. Testimonial letter from high school where the applicant matriculated

Yes N/A