

MAYORAL BURSARY SCHEME

APPLICATION FORM FOR FULL TIME STUDY AT ANY UNIVERSITY IN SOUTH AFRICA.

PLEASE NOTE:

Surname:

Full Names:

- The information required must be furnished in full. Failure to do so may jeopardize the applicant's chances of obtaining the Bursary.
- A certified copy of Grade 12 (or June) results or any year-end results from Tertiary institution should be attached.
- Please fill in clear block letters.
- The closing date for applications is <u>13 December 2024 at 13h00</u>.

1. PERSONAL DETAILS

Residential / Physical Address:	
Municipality:	
Ward:	
Postal address:	
Contact Telephone / Cellphone Number:	
Email address:	100
Date of Birth:	
Identity Number:	
2. FAMILY BACKGROUND	
Full name of both parents or guardian:	
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Address of parents or guardian:	THE RESERVE OF THE PARTY OF THE

Contact numbers:
Number of dependents:
Name and address of employer (of parents or guardian):
Total income of both parents or guardian (attach proof of income):
3. DESIRED FIELD OF STUDY
Desired qualification (e.g. Degree or Diploma):
Field of study (Civil Engineering, Electrical Engineering, Mechanical Engineering):
Institution (University):
4. FINANCIAL SUPPORT
Are you currently receiving any bursary? If so, please specify the name and amount:
Have you previously received a bursary from the government or are you currently receiving any bursary
from Government? If so, please furnish particulars:
5. EDUCATIONAL QUALIFICATIONS
Grade 12 Certificate
Name of school:
Village and Ward:
Year obtained (if completed):
Subjects and levels obtained:

If you are already studying at a tertiary institution, please furnish the information regarding the follow	ving:
Current field of study:	
Year of study (I/II/III):	
Institution:	
Student No:	
EXTRA MURAL ACTIVITIES	
Furnish particulars concerning your interests, hobbies, sporting and extracurricular activities:	
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Indicate positions of leadership held:	
6. REFERENCES	
Please provide names and addresses of two persons (preferably your school principal, or Minis religion, or any other respected person from the community) from whom inquiries concerning could be made.	
Surname & Name:	
Physical address:	
Contact numbers:	
Surname & Name:	
Physical address:	
Contact numbers:	

7. DECLARATION

I certify that the information given above is true and correct and that ha have read and understood the conditions governing the awarding of the Bursary Scheme. In the event of a Bursary being awarded to me, I am prepared to enter into a required contractual agreement with the Dr JS Moroka Local Municipality.

Signature of Applicant	Signature of Parent or Guardian (in case of minor)
DATE	DATE

PLEASE ATTACH:

- (i) Salary advice (Payslips) of parent/s or Guardian
- (ii) Matric results and/or end of year statement of results (for university applicants)
- (iii) Proof of residence
- (iv) Confirmation letter from the Ward Councillor

PLEASE RETURN COMPLETED FORM TO:

Dr JS Moroka Local Municipality Head Office – 2601/3 Bongimfundo Street, Siyabuswa

OR

Mbibane Unit Office – Libangeni

OR

Mathanjana Unit Office - Nokaneng