



TMDM EXTERNAL BURSARY APPLICATION FORM FULL TIME STUDIES

INSTRUCTIONS REGARDING THIS BURSARY FORM:

- **Use the block letters to complete the Application form.**
- ⊕ Give concise answers and where applicable mark with X

Attach the following copies of the following:

- **†** Identity document.
- **⊕** Grade 12 certificate or latest results for current grade 12 learners.
- **♣** Acceptance letter from recognised/accredited tertiary institution.
- **♦** Motivational letter (section 4 of the application form)
- **Proof of income or Affidavit**
- **₱** Proof of residence from ward Councillor.

Where did you hear about Thabo Mofutsanyana District Municipality Bursary?

Newspaper	Friend	Facebook	Other (Please specify)
			www.zabursaries.co.za website







1. PARTICULAR	S OF APPLIC	ANTS					
Surname:							
Full Names:							
Identity Number:							
Date if birth:							
Gender:	Female		Male				
Race:	African	Coloured Indian White					
Disability:	Yes	No	If yes, please specify the nature of disability.				
			T				
Cell phone no.:			Alternative cell no.:				
Home Tell no.:			Fax no:				
Email Address:							
Postal Address:			Physical Address:				

2. PARTICULARS OF APPLICANTS							
NB: Please attach certified copies of the latest grade 12 results, grade 12 certificate, and or tertiary results and academic record							
What are you doing	1 st Year	2 nd Year	3 rd Year				
this year:							
Highest educational qualification obtained:							
Name of the school you attended or completed grade 12 at:							
Name of the tertiary in your tertiary studies	nstitution you are curre	ently registered at if you	ı have commenced				







Proposed programme for 2025

First year students 2025	
First Choice:	
Institution:	Campus:
Second Choice:	
Institution:	Campus:
Second Year students 2025	
Name of the qualification	
Institution:	Campus:
Student Number:	
Attach a certified copy of your latest resu	Ilts and academic record.

3. DETAILS OF PARENTS/LEGAL GUARDIAN AND FAMILY (LIVING WITH YOU)

Attach a proof of income: payslip, grant receipt etc.

Surname:					Full Names:							
Relationship		Father:		Mothe	er:	Lega	Legal Guardian Other, specify:		ify:			
Marital	Ma	arried	Divo	rced	Separ	ated unmarried Decea		Deceas	ceased Widowed			
Status	<u> </u>			Паа								
Employed:	`	Yes		No	Pensi		ione	er Yes		5	No	
Surname:	ame:			Full Names:								
Relationship:		Father	ather Mother		her	Legal Guard			lian Other, specif		her, specify	
Marital	1	Married	arried Divorced		ed	Unmarried De		Ded	ceased Widowed		Vidowed	
Status:												
Employed:		Yes		No		Pensioner: Yes		S	No			
Other members of your family who are living at your home not mentioned ab					ed above							
Name	1		Catego student	• .		Inco		(per	(wa	pe of income ages, grant asion)		







4. MOTIVATION WHY YOU MUST BE CONSIDERED FOR TMDM BURSRY (Use additional pages if necessary)
DECLARATION
I hereby declare that all the information provided (including any attachments) is complete and correct to the best of my knowledge. I understand that any false information supplied could lead to my application being disqualified.
Applicant's signature: Date:

