

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>14 December 2023 at 16h15</u>.

1. PERSONAL DETAILS

Residential / Physical Address:	
Municipality:	
Ward:	
Postal address:	
Contact Telephone / Cellphone Number:	
Email address:	The same of the sa
Date of Birth:	
Identity Number:	
2. FAMILY BACKGROUND	
Full name of both parents or guardian:	- 1
1111 1155 111	
Address of parents or guardian:	CE LI ETTALIC

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
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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:

If you are already studying at a tertiary institution, please furnish the information regarding the following:
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:
Indicate positions of leadership held:
6. REFERENCES
Please provide names and addresses of two persons (preferably your school principal, or Minister o religion, or any other respected person from the community) from whom inquiries concerning you could be made.
Surname & Name:
Physical address:
Contact numbers:
Surname & Name:
Physical address:
Priysical dudiess.
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 - Mmamethlake