



## **Emakhazeni Local Municipality**

## **Mayoral bursary application form**

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### Terms and conditions

- The purpose of this form is to assist financially needy students to register at tertiary institutions.
- Only Emakhazeni Local Municipality's prescribed application form will be accepted.
- An incomplete application form and late applications will not be considered.
- Do not attach original certificates and results.
- Financial assistance is only for registration, and it is a once-off assistance not renewable annually. Therefore, applicants are encouraged to apply for NSFAS and other private bursary opportunities available.
- Applications received after the closing date specified on the advert will not be considered.
- Write clearly in CAPITAL LETTERS with a black pen.
- Mark with X where applicable.

### PART 1 – APPLICANT'S DETAILS

Surname:		First Names:			
Gender:	Male	Title:			
	Female	ID Number:			
Ethnic Group	African:	Coloured:	Indian:	White:	
Nationality	RSA	Other (Please specify)			
Home Address:					
Municipality:					
Postal Address: (If different from your home address):					
Contact Details:	Cell:		Alternative number:		
	Landline:				

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Next of kin:	Name:	Relationship with applicant:	
	Address:	Contact details	Cell:
			Email:

### **PART 2 – APPLICATION DETAILS**

Name of qualification you wish to register:
Name of University/ College applied for:
Registration amount needed (In words and numbers):
Have you applied to other companies for a bursary?
If yes, state from which institution and what it covers:

### **PART 3 – HIGH SCHOOL DETAILS**

Name of High School attended

Name of High School	Year		Highest grade passed:
	From	To	

Please state your results for Grade 12

Subjects	% Obtained	Achievement level

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**PART 4 – DOCUMENTS TO BE ATTACHED**

<b>NAME OF DOCUMENTS</b>	<b>YES</b>	<b>NO</b>
A certified copy of matriculation statement/ certificate		
Certified copies of SA's Identity Document of the applicant and parent(s) or guardian		
Applicant's motivational letter		
Acceptance letter from accredited institution of higher education with banking details		
Proof of parent(s) or guardian's income from SASSA, if grant recipient		
Proof of residence as a citizen of Emakhazeni Local Municipality		
In the event of non-receipt of SASSA grant or unemployment an affidavit will suffice.		
Death certificate of the applicant's parents if the applicant is under the care of a guardian or affidavit		

**PART 5 – DECLARATION**

I (Full names): ..... hereby declare that the information provided in this application is true and correct, and I understand that any misrepresentation or failure to disclose any information may lead to disqualification of my application by the municipality.

Applicant's Signature: ..... date: .....

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**SUBMISSION OF THE APPLICATIONS**

Please submit your application by hand to:

Youth Development Office  
Emakhazeni Local Municipality  
25 Schepers Street  
eMakhazeni  
1100



**FOR OFFICE USE ONLY**

Approved by the Municipal Manager (Initials & Surname): .....  
On the (date)..... Signature: .....



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