

HEAD OFFICE

303 Church Street
Private Bag X 44
MOGWADI 0715
Telephone : (015) 501 0243/4
Fax no : (015) 501 0419
E-mail: info@molemole.gov.za



Molemole Municipality

MOREBENG BRANCH OFFICE

25 Cnr. Roets & Viviers Street
MOREBENG 0810
Telephone : (015) 501 2371
Fax no : (015) 397 4334
www.molemole.gov.za

ALL CORRESPONDENCE TO BE ADDRESSED TO THE MUNICIPAL MANAGER

Enquires: RB Ramohlale

Reference: 4/3/P

Bursary Application Form: 2024

Check List

IMPORTANT: PLEASE READ THE ACCOMPANYING INSTRUCTIONS AND COMPLETE THIS FORM CAREFULLY

Furnish full details in block letters in the appropriate spaces below. To qualify for a Municipal bursary, please attach copies of the following documents		
DOCUMENTS REQUIRED	YES	NO
Proof of residence in a form of Municipal Water utility, Bank Statement or confirmation letter from authorized traditional Leaders.		
Proof of admission from a recognized institution of higher learning		
Certified copy of ID document for Applicant		
Certified copy of ID document for parent(s) / legal guardian		
Certified copy of the latest Grade 12 results/ academic records		
Proof of income for parents/ legal guardian		
In the case of deceased parents, please attach certified death certificates		
CLOSING DATE FOR SUBMISSION OF APPLICATIONS: 09 FEBRUARY 2024		
Completed forms should be submitted at the following Municipal Addresses:		
MOGWADI MAIN OFFICE 303 CHURCH STREET MOGWADI 0715 TEL: 015 501 2300	MOREBENG BRANCH OFFICE NO. 25 CNR ROETS & VIVIERS STREET MOREBENG 0810 TEL: 015 501 2371	MOLETJI BRANCH OFFICE LANARK NO 199 GA-PHAUDI VILLAGE TEL: 015 501 2321

PERSONAL DETAILS OF APPLICANT

Full name and Surname: _____

ID Number:

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Gender:

Male	
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Female	
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Race: (Mark with an X. This information will be used for statistical purposes and not for selection)

African	White	Indian	Coloured
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Disability:

Yes	No
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If Yes, specify (provide medical records): _____

Home Address: _____ Code: _____

Postal Address: _____ Code: _____

Contact Number: _____ Home: _____

Alternative Contact Number: _____

PARTICULARS OF PARENT(S)

NB: Please submit proof of current income (e.g. Latest salary advice or written proof from the employer).

PARENT(S)

Full Name and Surname of Mother: _____

Home Address: _____

Postal Address: _____

Contact Number: _____

Signature of the Mother: _____ Date: _____

Occupation of Mother: (e.g. Teacher, Domestic worker, Pensioner) _____

Full Name and Surname of Father: _____

Home Address: _____

Postal Address: _____

Contact Number: _____ Work: _____

Occupation of Father: (e.g. Teacher, Domestic worker, Pensioner) _____

Total combined household income per annum: _____

Signature of the Father: _____ Date: _____

PARTICULARS OF LEGAL GUARDIAN

NB: *Please submit proof of current income (e.g. Latest salary advice or written proof from the employer).*

LEGAL GUARDIAN

Full Name and Surname of Legal Guardian: _____

Home Address: _____

Postal Address: _____

Contact Number: _____ Work: _____

Occupation of Legal Guardian: (e.g. Teacher, Domestic worker, Pensioner) _____

Total combined household income per annum: _____

SIGNATURE: LEGAL GUARDIAN

DATE

EDUCATIONAL QUALIFICATIONS OF APPLICANT

A. HIGH SCHOOL EDUCATION

Grade passed: _____ School: _____

Year of Matric Examination: _____

Do you comply with the requirements for University/University of Technology and or/TVET admission?

YES	<input type="checkbox"/>
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NO	<input type="checkbox"/>
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If yes, have you already applied for admission to intended field of study?

B. TERTIARY INSTITUTION (INTENDED / PRESENT) (Please attach acceptance letter

1. Name of Institution: _____

Degree/Diploma for which you enrolled or intended to: _____

Full-time study (state the year of study): _____

THE FOLLOWING SECTION MUST BE COMPLETED IN THE PRESENCE OF A COMMISSIONER OF OATHS

I _____
Initials & Surname of applicant

HEREBY DECLARE UNDER OATH THAT:

- i) The details supplied by me in the Application for Financial Assistance, is a true reflection of my position for 20_____
- ii) Should I be granted financial assistance by Molemole Municipality -
 - I undertake to abide by Molemole Municipality's rules pertaining to the granting of financial assistance.
 - I understand that the bursary will not be renewed automatically
 - I agree that Molemole Municipality's External Bursary Committee retains the right to reduce the award if the amount exceeds the full prescribed University, University of Technology or TVET college fees for that particular academic year.
 - I agree that no credit balance of Molemole Municipality administered award will be refunded to me.
- iii) I hereby authorize the Molemole Municipality to supply any Institution or Organization with any information pertaining to my financial and academic position as may be required by that Institution or Organization.
- iv) I understand that, should any relevant information be omitted or found to be incorrect, Molemole Municipality shall withdraw the bursary.

The following conditions applies to the external bursary of Molemole Municipality

- You must reside within the jurisdiction of Molemole Local Municipality, in Limpopo province
 - You must be studying or have been accepted to study at a recognized and accredited University, University of Technology and TVET institution in South Africa.
 - You must be studying or intend on studying full-time, towards an undergraduate qualification or continuation of your studies.
 - You must have an excellent academic record.
 - You must be in financial need.
 - Students leaving with disabilities are encouraged to apply
- v) As applicant I declare that information provided is a true reflection my particulars

Signed at _____ on the _____ Day of _____ 20_____

DECLARATION BY COMMISSIONER OF OATHS		
Signature of Applicant:		Commissioner of Oaths <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Initials & Surname <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Signature <p style="text-align: center; color: gray; font-size: small;">Affix date Stamp here</p>
Signature of Parent/ legal Guardian (if Applicant is under the age of 18 years):		
Witness:		
Witness:		