



EMFULENI
LOCAL MUNICIPALITY

Vaal River City, the Cradle of Human Rights

Mayoral Bursary Application Form **2025**



1	PERSONAL INFORMATION												
Surname													
First Name													
Date of Birth	D	D	M	M	Y	Y	Y	Y					
Identity Number													
Gender													
Population Group	African <input type="checkbox"/>			Coloured <input type="checkbox"/>			Indian <input type="checkbox"/>			White <input type="checkbox"/>			
Disability													
Home Language													
Marital Status													
Home Address													
Postal Code													
Cellular Number							Telephone Number (H)						
Email Address							Fax Number						
2	PARTICULARS OF FATHER / MOTHER / GUARDIAN												
Name and Surname													
Title (e.g. Mr./Miss)													
Employer Physical Address													
Postal Code													
Telephone Number (W)							Cellular Number						
3	ACADEMIC RECORD												
Academic year (High School)													
Highest Grade Passed													
Name of Educational Institution													
Subject passed											Results		

Other Studies (If applicable)			
Year of study		Course Completed	
Name of Institution			
4	PARTICULARS OF PROPOSED STUDY		
Name of Institution			
Institution Address			
Code			
Campus	<i>(e.g. UJ Soweto Campus)</i>		
Student Number	<i>(If applicable)</i>		
Intended qualification	<i>(tick appropriate box)</i>	Degree <input type="checkbox"/>	Diploma <input type="checkbox"/>
Intended field of study	<i>(e.g. BCom)</i>		
Course of study	<i>(e.g. Financial Accounting)</i>		
Year of study	<i>(e.g. 2025)</i>		
Year to complete study	<i>(e.g. 2028)</i>		
Years of study	<i>(e.g. 3-4 years)</i>		
5A	DECLARATION OF HOUSEHOLD INCOME		
Contact details of Parent/Guardian (Tel)		Other	
Is your Parent/Guardian employed	1. FATHER YES <input type="checkbox"/> NO <input type="checkbox"/>	2. MOTHER YES <input type="checkbox"/> NO <input type="checkbox"/>	
If YES, please state the name of the company/ies	1. FATHER		
	2. MOTHER		
Address of company/ies:	1. FATHER	2. MOTHER	
Tel:	1. FATHER	2. MOTHER	
Salary per annum	1. FATHER	per month	per week
	1. MOTHER	per month	per week
<i>(Please attach proof of income, eg pay slip)(If both parents are employed, submit both pay slips and employment details)</i>			
If NO, state means of income:			
Does the Parent/Guardian have other dependants	YES <input type="checkbox"/> NO <input type="checkbox"/>	No of dependants:	
Dependants in school		Senior Citizens	Other
5B	CONFIRMATION OF FAMILIES REGISTERED INDIGENT STATUS (Please attach proof)		

6**FURTHER PARTICULARS**

Describe your general condition of health

Explain briefly your reason for selecting the course you are presently following or wish to follow

7**DECLARATION**

I hereby declare that details contained in this application form are true and correct.

Signature of applicant

Date

Signature of Parent or Guardian

Date

8**CHEKLIST - Please attach proof of Midyear results and other related documents.**

NB! No applications will be considered if not accompanied by all required documentation.

Required documents**Tick**

- | Required documents | Yes | N/A |
|---|--------------------------|--------------------------|
| 1. Application form completed in full with signatures | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Certified identity document | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Proof of application/ admission to the relevant study institution of Higher Education and Training with projected study duration, course scope and tuition costs | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Certified copy of Emfuleni Local Municipality's Utility Bill | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Certified copies of both parents' salary slip | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. In the case of parents / guardian not working original affidavit (South African Police Services) declaring as such | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Certified copy of Midyear results | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Testimonial letter from high school where the applicant matriculated | <input type="checkbox"/> | <input type="checkbox"/> |