



JOHANNES PHUMANI PHUNGULA MUNICIPALITY

2026

COMMUNITY BURSARY

APPLICATION FORM

Title	
Names	
Surname	
ID Number	
Tertiary Institution	
Qualification	
Amount Requested	

<p>Please print when completing this form. Mark the appropriate blocks with an "X" Failure to complete this application form fully and correctly may prejudice the applicant's chances of obtaining a bursary.</p>		<p>Submit the completed application form and the relevant attachments as per address supplied in the advertisement.</p>			
PERSONAL PARTICULARS					
FIRST NAMES					
SURNAME					
IDENTITY NUMBER			DATE OF BIRTH		
POSTAL ADDRESS			PHYSICAL ADDRESS		
Telephone number			DISTRICT		
Alternative number			Local Municipality		
Cell phone number			Ward Number		
FAX NUMBER			Councillor		
NATIONALITY			Marital Status		
GENDER	MALE	FEMALE	DISABILITY	YES	NO
RACE			Are you employed		
Criminal Offences	YES	NO	Did you consult a vocational councillor regarding your choice of study	YES	NO
Have you previously received a municipality bursary?	YES	NO	Are/were you in possession of another bursary/financial aid	YES	NO
If yes – until which year? _____			If yes, please indicate the name of the donor		
Obligations attached to bursary/financial aid			Have all the obligations been fulfilled	YES	NO
Name of the degree or diploma which you are applying for:			What will be major Subjects for the degree or diploma?		
Number of years you intend studying for:			Name of tertiary institution at which you intend studying at:		
Provisional acceptance from the tertiary institution at which you intend studying			Received	Not Received	
QUALIFICATIONS					
Highest standard passed:			Name of school attended		
Town/City:			Year :		

UNIVERSITY AND/OR OTHER POST SCHOOL TRAINING/STUDIES				
Are you presently at a tertiary institution	<input type="checkbox"/> YES <input type="checkbox"/> NO	Name of Institution:		
List of subjects passed thus far:			Address of Institution:	
Current year of study:			Name of Degree/Diploma:	
What is the remaining duration of your current studies as prescribed by the tertiary institution?			List the subjects that still need to be completed to obtain the relevant qualification:	
Please indicate the year you started studying for the current course of studies:			Have you ever failed any year of study?	<input type="checkbox"/> YES <input type="checkbox"/> NO
				If yes, which year?
Have you rewritten the examination/s for the subject/s failed? If yes, please indicate the date of the examination:			Student number at current institution:	
Please indicate the annual gross income of your parent/ legal guardian should you be dependent on them during the course of your studies				
Single parent/guardian LESS THAN R175 000 per annum			Combined both spouses LESS THAN R350 000 per annum	
Full name of parent/legal guardian:			Contact details of parent/legal guardian:	Tel: _____ Cell: _____
Address of parent/legal guardian:			Employers address and contact details of parent/legal guardian:	

REVIEW, SUSPENSION AND EXTENTION

The JPP Local Municipality reserves the right, at any time and on any terms or conditions to:

- a) Review the continuation of the bursary; or
- b) Suspend the bursary; or
- c) Having suspended the bursary, reinstate the bursary; or
- d) Extend the period of the bursary.

DECLARATION

I understand that this application for a bursary is not a loan and declare that the above particulars are complete and correct.

SIGNATURE OF APPLICANT

DATE

WITNESS (1)

DATE

WITNESS (2)

DATE

SIGNATURE OF PARENT/LEGAL GUARDIAN

DATE

WITNESS (1)

DATE

WITNESS (2)

DATE

RECOMMENDATION BY WARD COUNCILLOR:

NAME AND SURNAME

SIGNATURE

STAMP
&
DATE

RECOMMENDATION BY BURSARY COMMITTEE:

NAME OF CHAIRPERSON

SIGNATURE

DATE

COMMITTEE MEMBER

SIGNATURE

DATE

COMMITTEE MEMBER

SIGNATURE

DATE

COMMITTEE MEMBER

SIGNATURE

DATE

