



JOHANNES PHUMANI PHUNGULA MUNICIPALITY

2026

COMMUNITY BURSARY

APPLICATION FORM

| | | |
|-----------------------------|--|--|
| Title | | |
| Names | | |
| Surname | | |
| ID Number | | |
| Tertiary Institution | | |
| Qualification | | |
| Amount Requested | | |

| | | | |
|---|--|--|---|
| | | | |
| 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. | | Submit the completed application form and the relevant attachments as per address supplied in the advertisement. | |
| 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 | <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE | DISABILITY | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| RACE | | Are you employed | |
| Criminal Offences | <input type="checkbox"/> YES <input type="checkbox"/> NO | Did you consult a vocational councillor regarding your choice of study | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Have you previously received a municipality bursary? | <input type="checkbox"/> YES <input type="checkbox"/> NO If yes – until which year? | Are/were you in possession of another bursary/financial aid | <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please indicate the name of the donor |
| Obligations attached to bursary/financial aid | | Have all the obligations been fulfilled | <input type="checkbox"/> YES <input type="checkbox"/> 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 | | <input type="checkbox"/> Received <input type="checkbox"/> 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 | YES | 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? | <div>YES</div> <div>NO</div> <div>If yes, which year?</div> |
| 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: | <div>Tel: _____</div> <div>Cell: _____</div> |
| 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

APPROVED

NOT APPROVED

MUNICIPAL MANAGER

SIGNATURE

DATE

REQUIREMENTS

Please provide the following with the Bursary Application Form:

✓ - Please Tick

| | | |
|----|---|--|
| 1 | An originally certified copy of an official statement of results as well as official proof of bachelor's/diploma certificate (matriculation exemption) if it is a requirement for the course of study you intend following. | |
| 2 | An originally certified copy of your official study record showing marks, symbols, percentages obtained in all examinations written (including the matriculation examination). | |
| 3 | An originally certified copy of your identity document or smart ID card. | |
| 4 | Copy of the admission requirements from the academic institution for the intended course of study if you have already been accepted. | |
| 5 | Copy of the curriculum (indicating the number of years of study, number of modules/subjects to be taken) from the academic institution for the intended course of study. | |
| 6 | Study plan indicating how the course will be completed over the stipulated bursary period. | |
| 7 | Printout from the academic institution of the tuition fees that will be required. | |
| 8 | Proof of income statement of parent/legal guardian or an affidavit from parent stating that they are unemployed. | |
| 9 | Originally certified death certificate/s of parent/s. | |
| 10 | Letter of motivation (explain you believe that you are deserving of a bursary outlining your circumstances). | |