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## UMZIMVUBU LOCAL MUNICIPALITY

### ULM EXTERNAL BURSARY APPLICATION FORM 2026

#### INSTRUCTIONS REGARDING THIS BURSARY FORM

1. Use block letters to complete the Application form
2. Give terse answers and where applicable mark with X
3. Attach certified copies of the following:
4. Identity document of the applicant ,parent/ Guardian
5. Grade 12 Statement of latest results
6. Acceptance letter from recognized tertiary /higher institution
7. Motivational letter(section 4 of the application form)
8. Proof of earnings /death certificates and affidavit in case there are no parents.
9. Proof of residence from ward Councilor

#### Where did you hear about Umzimvubu LM Bursary?

Local Newspaper	Noticeboard	Website	Facebook/Friend,	Other (please specify)
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#### 1.PARTICULARS OF APPLICANTS

Surname:

First Names:

Identity number:

Date of birth:

Gender :	Female	Male
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Race:	African	Coloured	Indian	white
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Disability:	Yes	No	If yes please specify the nature of disability		
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Cell phone no:	Alternative cell no:
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Home Tel no:	Fax no:
Email Address:	
Postal Address:	Physical Address:

<b>2.PARTICULARS OF APPLICANTS</b>			
<b>NB: please attach certified copies of latest grade 12 results, grade 12 certificate, and or tertiary results and academic record</b>			
What are you doing this year:	Grade 12	Full-time tertiary studies	Gap year
Highest educational qualification obtained:			
Name of the school you are currently attending Or where you completed grade 12:			

First year students 2026	
First choice:	
Institution:	Campus:
Second choice	
Institution	Campus:
Second year students 2025	
Name of the qualification:	
Institution:	Campus:
Student number:	
<b>Attach a certified copy of your latest results</b>	

<b>3. DETAILS OF PARENTS/LEGAL GUARDIAN AND FAMILY (LIVING WITH YOU)</b>						
<b>Attach a proof of income: payslip, grant receipt ,business income certificate, bank statement etc.</b>						
Surname :			First names:			
Relationship:	Father		Mother	Legal Guardian		Other , specify
Marital status:	Married	Divorced	Separated	Unmarried	Deceased	Widowed

Employed :	Yes	No	Pensioner	Yes	No	
Surname:			First names:			
Relationship	Father		Mother	Legal Guardian		Other, specify
Marital status:	Married	Divorced	Separated	Unmarried	Deceased	Widowed
Employed :	Yes	No	Pensioner	Yes	No	
Surname:			First names:			
Relationship	Father		Mother	Legal Guardian		Other , specify
Marital status:	Married	Divorced	Separated	Unmarried	Deceased	Widowed
Employed :	Yes	No	Pensioner	Yes	No	
<b>Other members of your family who are living at your home not mentioned above</b>						
Name	Relationship (brother, grandparent)	category (child, student Adult		income ( per month)	type of income (wages, grant pension	



#### **4. MOTIVATION WHY YOU MUST BE CONSIDERED FOR BURSARY(use additional pages if necessary)**



**DECLARATION**

I hereby declare that all the information provided (including any attachments) is complete and correct to the best of my knowledge. I understand that any false information supplied could lead to my application being disqualified.

Applicants signature : \_\_\_\_\_ Date \_\_\_\_\_

Ref No:-----

**For office Use only:**

Date of Receipt: .....

Receipt No:.....

Received by: .....

