

67 Church Street, EmaXesibeni, 4735

Tel: +27 (0)39 254 6000

Fax: +27 (0) 39 255 0167

Web : www.umzimvubu.gov.za



UMZIMVUBU
— LOCAL MUNICIPALITY —

Dabula Street, Sophia, KwaBhaca

P/ Bag 9020, KwaBhaca, 5090

Tel: +27 (0)39 255 8500

Fax: +27 (0) 39 255 0167

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	
Race:	African	Coloured	Indian	white
Disability:	Yes	No	If yes please specify the nature of disability	
Cell phone no:		Alternative cell no:		

Home Tel no:	Fax no:
Email Address:	
Postal Address:	Physical Address:

2.PARTICULARS OF APPLICANTS			
NB: please attach certified copies of latest grade 12 results, grade 12 certificate, and or tertiary results and academic record			
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:	
Attach a certified copy of your latest results	

3. DETAILS OF PARENTS/LEGAL GUARDIAN AND FAMILY (LIVING WITH YOU)						
Attach a proof of income: payslip, grant receipt ,business income certificate, bank statement etc.						
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	
Marital status:	Married	Divorced	Separated	Unmarried	Deceased
Employed :	Yes	No	Pensioner	Yes	No
Surname:			First names:		
Relationship	Father		Mother	Legal Guardian	
Marital status:	Married	Divorced	Separated	Unmarried	Deceased
Employed :	Yes	No	Pensioner	Yes	No
Other members of your family who are living at your home not mentioned above					
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)

[illegible]

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:

