Bursary Application Form

EXTERNAL BURSARY: 2025/2026 ACADEMIC YEAR

Full Names and Surname of Applicant:

Check List

IMPORTANT: PLEASE READ THE ACCOMPANYING INSTRUCTIONS AND COMPLETE THIS FORM CAREFULLY

Furnish full details in block letters in the appropriate spaces below.
To qualify for a bursary, please attach originally certified copies of the following documents:

No.	Description	Yes	No
1.	Proof of provisional acceptance letter from a recognised and accredited public institution of higher learning (University, University of Technology or TVET College)		
2.	Certified copy of the latest Grade 12 results/Certificate		
3.	Certified copy of the latest Academic Record		
4.	Certified copy of Applicant's ID		
5.	Certified copy of ID of parent(s) / legal guardian(s)		
6.	Certified proof of income of parent(s)/ legal guardian		
7.	Proof of certified copy of the divorce decree if parents are divorced.		
8.	In the case of disability, please submit the relevant supporting documents		
9.	In the case of deceased parent (s), please attach certified copy of death certificate		
10.	Stamped original proof of residence in the form of a Letter from Traditional Local Authority or Municipal utility bill.		

- Applicant must intend studying on a full time basis.

Total combined household income per annum	**R**

CLOSING DATE FOR SUBMISSION: 05 DECEMBER 2025

Completed application forms should be submitted to the following address: **The City Manager, Polokwane Municipality, 9th Floor Office No. 905/ 903, Civic Centre, Cnr Landros Mare & Bodenstein Streets or P.O. Box 111, Polokwane 0700.**

Enquiries: Tel: 015 023 5068/ 015 290 2344/ 015 290 2029

1. PERSONAL DETAILS OF APPLICANT

Full Names and Surname: _____

ID No.: | | | | | | | | | | | | | |

Gender: Male | | Female | |

Race: A | W | I | C Disability: Yes | No

If Yes, please specify type of disability (*please provide the relevant medical records*):

_____

Name of Cluster: _____ Ward No: _____

Home Address: _____ Code: _____

Contact Number: _____ Alternative: _____

Email Address: _____

2. PARTICULARS OF PARENT(S)

NB: Please submit proof of current income (e.g. Latest salary advice or written proof from the employer)

Full Names and Surname of Mother: _____

ID No.: | | | | | | | | | | | | | |

Home Address: _____

Contact Number: _____ Work _____

Occupation of Mother: (e.g. Teacher, Domestic worker, Pensioner) _____

Signature of Mother: _____ Date: _____

Full Names and Surname of Father: _____

ID No.: | | | | | | | | | | | | | |

Home Address: _____

Contact Number: _____ Work: _____

Occupation of Father: (e.g. Teacher, Domestic worker, Pensioner) _____

Total combined household income per annum: R_____

Signature of the Father: _____ Date: _____

3. PARTICULARS OF LEGAL GUARDIAN IN CASE OF DECEASED PARENT(S)

NB: Please submit proof of current income (e.g. Latest salary advice or written proof from the employer)

Full Names and Surname of Legal Guardian: _____

ID No.: | | | | | | | | | | | | | |

Relationship with Legal Guardian: _____

Home Address: _____

Contact Number: _____ Work: _____

Occupation of Legal Guardian: (e.g.Teacher, Domestic worker, Pensioner) _____

Total combined household income per annum: R_____

_____ _____

Signature of Legal Guardian Date

4. EDUCATIONAL QUALIFICATIONS OF APPLICANT

A. HIGH SCHOOL EDUCATION

Highest Grade passed: _____ Name of School: _____

Year of Grade 12 Examination: _____

Do you comply with the requirements for University/University of Technology and or/TVET College admission? YES ☐ NO ☐

If yes, have you already applied for admission to intended field of study?

YES ☐ NO ☐

B. TERTIARY INSTITUTION (INTENDED)

Name of Institution: _____

Name of Degree/Diploma/Certificate for which you enrolled or intend to: _____

_____

Full-time study (state the year of study): _____

5. THE FOLLOWING SECTION MUST BE COMPLETED IN THE PRESENCE OF A COMMISIONER OF OATHS:

I -

HEREBY DECLARE UNDER OATH THAT-

i) The details supplied by me in the Application for Financial Assistance, is a true reflection of my position for 20…...

ii) Should I be granted financial assistance by Polokwane Municipality -

- I undertake to abide by Polokwane Municipality's rules pertaining to the granting of financial assistance.
- I understand that the bursary will not be renewed automatically
- I agree that Polokwane Municipality's External Bursary Committee retains the right to reduce the award if the amount exceeds the full prescribed University, University of Technology or TVET college fees for that particular academic year.
- I agree that no credit balance of Polokwane Municipality administered award will be refunded to me.

iii) I hereby authorize the Polokwane Municipality to supply any Institution or Organization with any information pertaining to my financial and academic position as may be required by that Institution or Organization.

iv) I understand that, should any relevant information be omitted or found to be incorrect, Polokwane Municipality shall withdraw the bursary.

Signed at _____ on the _____Day of _____ 20_____

Signature of Applicant:		**Commissioner of Oaths**
Signature of Parent/ Legal Guardian (if Applicant is under the age of 18 years):		
Witness:		
Witness:		