



STEVE TSHWETE
LOCAL MUNICIPALITY

2021-10-21

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STEVE TSHWETE LOCAL MUNICIPALITY

BURSARY APPLICATION FORM - 2022 ACADEMIC YEAR

WHO MAY APPLY FOR THE BURSARY?

- South African citizens.

GENERAL INSTRUCTIONS

- Please read these notes carefully before completing the application form. Make sure that you read every section and that the information you provide is accurate.
- You must write your identity (ID) number in the top right-hand corner of every page of the application form and on every page of all supporting documents.
- Application forms submitted without ALL supporting documents will not be processed by STLM.
- STLM will process only the first application that we receive. Please do not submit more than one application unless STLM requests you to do so.
- STLM requires either a cell phone number or email address in order to communicate with you during the application process. If you do not already have an email address, you can create a free email account on Google at www.gmail.com, or on Yahoo at www.yahoo.co.za or any other free email service of your choice.

CLOSING DATES

- The closing date for submitting applications will be as per the bursary advertisement.

HOW TO APPLY?

Please submit your application form and all supporting documents at STLM as follows:

- Hand in your completed application form and supporting documents to the **Office of Director Human Resources at the Steve Tshwete Municipal Building, Ground floor, Corner Walter Sisulu Street and Wanderers Avenue, Civic Centre Building main entrance.**

APPLICATION ASSISTANCE

If you require assistance in completing your application form, please contact:

- The STLM Human Resources Department on 013 249 7000.

DISABILITY ASSISTANCE

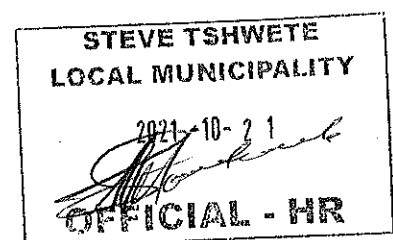
- People living with disability are encouraged to apply.

REQUIRED DOCUMENTS

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In order for your application to be processed, please ensure that you complete all sections of the application form and attach all supporting documents.

<p>Please attach certified copies of the following documents: (All the certified copies of income must not be older than 3 months) Your documents can be certified at the South African Police Service or the South African Post Office.</p> <p><i>* If you are under the age of 18 or if you are 18 and older and are STILL DEPENDENT on the household income of your parent or legal guardian, then this also applies to you.</i></p>	<p>Compulsory</p>
<p>Certified proof of bank account. This can be a bank statement or letter from the bank where you have your account.</p>	<p>Yes</p>
<p>Certified copy of your Identity Document.</p>	<p>Yes</p>
<p>*Certified copy of Identity Document of each household member including parents or legal guardian.</p>	<p>Yes</p>
<p>If you are younger than 16 years of age and do not have a green bar-coded ID, you must submit a certified copy of your birth certificate.</p>	<p>Yes</p>
<p>If you have been exempted from paying school fees, please provide a letter from the school informing STLM that you have been exempted.</p>	<p>Yes</p>
<p>*Certified or official copy of recent pay-slip, letter of employment, not older than three months, of each of your parents, or the person who supports you, or your guardian or yourself if you are employed. This is for all types of employment. Proof of income of all members of the household. This includes any income received from SASSA grants, Unemployment Insurance Fund (UIF), or any retirement, life, disability or other benefits paid as a lump sum or in monthly payments.</p>	<p>Yes</p>
<p>Proof of residence - such as water and electricity accounts or other accounts.</p>	<p>Yes</p>
<p>*If your parents or the person who supports you or your legal guardian are retired, please provide a copy of an official pension slip or bank statement showing pension payment.</p>	<p>Yes</p>
<p>*If your parents or the person who supports you or your legal guardian works as an informal trader, please provide an affidavit signed by them to confirm this employment.</p>	<p>Yes</p>
<p>If either or both your parents is deceased, please provide a certified copy of the death certificate.</p>	<p>Yes</p>
<p>If you are supported by someone who is not your parent or legal guardian, please provide an affidavit explaining the reasons.</p>	<p>Yes</p>
<p>*Certified copy of a SASSA letter if any of your family members are receiving a social grant and are also contributing to your household income. This also applies to your legal guardian.</p>	<p>Yes</p>
<p>*If you have indicated that a dependent in your household is a student, please provide proof of registration or acceptance at the university or FET college for each dependent.</p>	<p>Yes</p>
<p>If you have a disability, please complete the supporting documents Annexure A and submit them with your application form.</p>	<p>Yes</p>
<p>Certified copy of your latest academic transcript or exam results. If you are currently in Grade 12, attach a certified copy of your latest school results/report.</p>	<p>Yes</p>



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SECTION A: YOUR DETAILS

Please fill out as per your ID document*:
 (Tick the appropriate boxes. Fields with * are compulsory)

*Surname _____ *Date of birth _____
 *Full Name _____ *ID number _____

Surname _____

Title Mr Miss Ms Mrs.

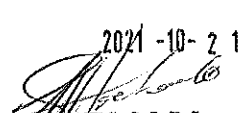
Gender Male Female

Do you have a disability? Yes No (*Please provide proof detailing the nature off disability)

Race African Asian Coloured Indian White

Marital status Divorced Married Unmarried Widowed Other

Do you receive a SASSA* grant *(South African Social Security Agency) Yes I do No grant

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What are you doing this year? Secondary school Employed Not employed Studying & employed Studying & not employed

Highest academic level achieved Gr 9 Gr 10 Gr 11 Gr 12
 1st year or level 2nd year or level 3rd year or level 4th year or level
 5th year or level 6th year or level Final year or level Postgraduate

Name of University, FET College or School where you achieved your highest academic level.....

Year of highest academic level achieved.....

Do you receive any form of financial assistance for your current studies? NSFAS Other None

If you answered NSFAS or Other in the previous question, what type of assistance do you receive?

Loan Bursary Other (if other, please explain) _____

How much do you receive?.....

Have you ever been declared mentally unfit by a court of law? Yes No

Has there ever been an administration order against you? Yes No

HOME ADDRESS (physical) *Compulsory field

*Address..... *City.....

*Province.....*Country..... *Postal code.....

POSTAL ADDRESS

Same as home address

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Address..... City.....

Province..... Country..... Postal code.....

ADDRESS WHILE STUDYING (If not living at home)

Address..... City.....

Province..... Country..... Postal code.....

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SECTION A: YOUR DETAILS (continued)

CONTACT DETAILS (preferred means of contact where a cell number or an Email must be provided.) *Compulsory field

Home telephone..... *Cell phone..... *Email.....

SECTION B1: FAMILY DETAILS – FATHER or STEPFATHER

If you are over the age of 18 and not dependent on the household income of your parent or legal guardian, then ignore Father, Mother and Legal Guardian details.

Deceased *Yes No * If answered Yes to Deceased, the remaining sections are not required for father or stepfather.

Surname..... Name.....

Date of birth..... ID number

Marital status Divorced Married Unmarried Widowed Other

What does your father currently do? Not employed Employed Self-employed Studying Other

Is your father or stepfather your next of kin? Yes No

Source of income if applicable Salary Pension Child support Contribution (maintenance payments) Business profit (specify)..... (e.g. taxi, hawker, small to medium enterprise)

Annual income amount if not a salary (before deductions and tax)

Does he/she receive a SASSA* grant *(South African Social Security Agency) Yes No

Does he/she receive financial assistance for any studies? NSFAS Other None

Assistance amount.....

HOME ADDRESS (physical) Same as applicant address

Address..... City.....

Province..... Country..... Postal code.....

POSTAL ADDRESS Same as home address

Address..... City.....

Province..... Country..... Postal code.....

CONTACT DETAILS (preferred means of contact)

Home telephone..... Cell phone..... Email.....

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EMPLOYMENT DETAILS

Occupation..... Company name.....

Income Tax Number..... Annual income amount *(before deductions and tax)*.....

Work telephone..... Claiming UIF? Yes No

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SECTION B2: FAMILY DETAILS – MOTHER or STEPMOTHER **3**

If you are over the age of 18 and not dependent on the household income of your parent or legal guardian, then ignore Father, Mother and Legal Guardian details.

Deceased *Yes No * If answered Yes to Deceased, the remaining sections are **not required** for mother or stepmother.

Surname..... Name.....

Date of birth..... ID number

Marital status Divorced Married Unmarried Widowed Other

What does your mother currently do? Not employed Employed Self-employed Studying Other

Is your mother or stepmother your next of kin? Yes No

Source of income if applicable Salary Pension Child support Contribution (maintenance payments)
 Business profit (specify).....
(e.g. taxi, hawker, small to medium enterprise)

Annual income amount if not a salary (before deductions and tax)

Does she/he receive a SASSA* grant *(South African Social Security Agency) Yes No

Does she/he receive financial assistance for any studies? NSFAS Other None

Assistance amount.....

HOME ADDRESS (physical) Same as applicant

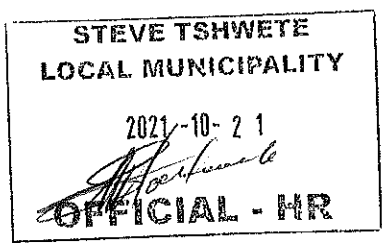
Address..... City.....

Province..... Country..... Postal code.....

POSTAL ADDRESS Same as home address

Address..... City.....

Province..... Country..... Postal code.....



CONTACT DETAILS (preferred means of contact)

Home telephone..... Cell phone..... Email.....

EMPLOYMENT DETAILS

Occupation..... Company name.....

Income Tax Number..... Annual income amount (before deductions and tax).....

Work telephone..... Claiming UIF? Yes No

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SECTION B3: FAMILY DETAILS – LEGAL GUARDIAN **4**

If you are over the age of 18 and not dependent on the household income of your parent or legal guardian, then ignore Father, Mother and Legal Guardian details.

Surname..... Name.....

Date of birth..... ID number

Appointed by the court of law Yes No

Family or other individual has assumed responsibility for you Yes No

What does your guardian currently do? Not employed Employed Self-employed Studying Other

Is your legal guardian your next of kin? Yes, No

Source of income if applicable Salary Pension Child support Contribution (maintenance payments)
 Business profit (specify).....
 (e.g. taxi, hawker, small to medium enterprise)

Annual income amount if not a salary (before deductions and tax)

Does he or she receive a SASSA* grant *(South African Social Security Agency) Yes No

Does he or she receive financial assistance for any studies? NSFAS Other None

Assistance amount.....

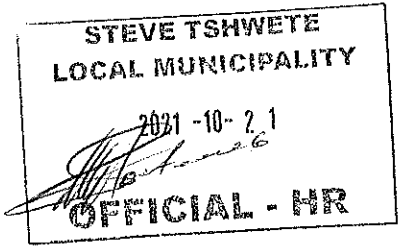
HOME ADDRESS (physical) Same as applicant

Address..... City.....

Province..... Country..... Postal code.....

POSTAL ADDRESS Same as home address

Address..... City.....



ID

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Province.....Country..... Postal code.....

CONTACT DETAILS (preferred means of contact)

Home telephone..... Cell phone..... Email.....

EMPLOYMENT DETAILS

Occupation

Company name

Income Tax Number

Annual income amount *(before deductions and tax)*

Work telephone.....Claiming UIF?

Yes No

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Grid for ID number

SECTION B4: FAMILY DETAILS – NEXT OF KIN Compulsory (if not father, mother or legal guardian) **5**

Surname..... Name.....

Date of birth..... ID number

Source of income if income is part of household
[] Salary [] Pension [] Child support [] Contribution (maintenance payments)
[] Business profit (specify) (e.g. taxi, hawker, small to medium enterprise)

Annual income amount if not a salary (before deductions and tax)

Does he or she receive a SASSA* grant *(South African Social Security Agency) [] Yes [] No

Does he or she receive financial assistance for any studies? [] NSFAS [] Other [] None

Assistance amount.....

HOME ADDRESS (physical) [] Same as applicant

Address..... City.....

Province.....Country..... Postal code.....

POSTAL ADDRESS [] Same as home address

Address..... City.....

Province.....Country..... Postal code.....

CONTACT DETAILS (preferred means of contact)

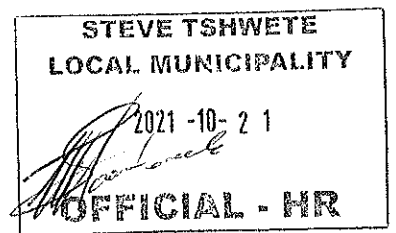
Home telephone..... Cell phone..... Email.....

EMPLOYMENT DETAILS

Occupation..... Company name.....

Income Tax Number.....Annual income amount (before deductions and tax).....

Work telephone.....Claiming UIF? [] Yes [] No



SECTION B5: FAMILY STRUCTURE DETAILS **6**

The table should be completed if you as the applicant are:
 • Younger than 18 years, OR dependent on the household income of the parent or legal guardian, OR are a contributor to the household income.
 • Fill in members that are contributors or dependant to the family income. Parent, legal guardian or next of kin details should not be completed in this table.

	01	02	03	04	05
Full name					
ID number					
Date of birth					
Contributor or Dependand					
Relationship					
Present activity					
Source of income					
Annual income amount before deductions and tax (if applicable)					
Cell phone					
Email					

Cancelled

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Present activity Secondary school, employed or self-employed, not employed, studying and employed, studying and not employed, other.
 Relationship Spouse, partner, grandparent, sister, brother, uncle, aunt, son, daughter.

SECTION C: STUDY DETAILS

SECTION C1 Qualification or course - 1st preference

Are you planning to study at a university or FET college? University FET college

University or FET college name..... Campus name.....

Registration* will be for my 1st (year or level) 2nd (year or level) 3rd (year or level)
 4th (year or level) 5th (year or level) 6th (year or level) Final (year or level) Postgraduate

Student number.....
 (This includes 1st year or level students if your student number has been provided by the university or FET college)

What type of accommodation will you make use of?
 Rental accommodation On-campus residency Off-campus residency

Do you need funding for your accommodation during your studies? Yes No

Do you need funding for meals or are the meals provided by the residency?
 Yes – Need funding for meals No – Meals are part of the residency Not applicable

Do you need funding for travel to the university or FET college? Yes No

Distance between accomodation (while studying) and university or FET college?(km)

PLANNED QUALIFICATION OR COURSE: When will you be registering? Month.....Year.....

Field of study.....

Qualification.....

SECTION C2 Qualification or course - 2nd preference

Are you planning to study at a university or FET college? University FET college

University or FET college name..... Campus name.....

Registration* will be for my 1st (year or level) 2nd (year or level) 3rd (year or level)
 4th (year or level) 5th (year or level) 6th (year or level) Final (year or level) Postgraduate

Student number.....
 (This includes 1st year or level students if your student number has been provided by the university or FET college)

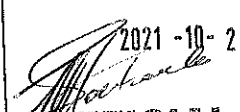
What type of accommodation will you make use of?
 Rental accommodation On-campus residency Off-campus residency

Do you need funding for your accommodation during your studies? Yes No

Do you need funding for meals or are the meals provided by the residency?
 Yes - Need funding for meals No – Meals are part of the residency Not applicable

Do you need funding for travel to the university or FET college? Yes No

Distance between accomodation (while studying) and university or FET college?(Km's)

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PLANNED QUALIFICATION OR COURSE: When will you be registering? Month.....Year.....

Field of study.....

Qualification.....

** Ensure that you indicate the level of study correctly when completing this section.*

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SECTION D: YOUR BANKING DETAILS*

Name of the bank.....

Name of the account holder (as registered with the bank)

Branch..... Branch code.....

Account number.....

Type of account (e.g. savings, current).....

503244

* PLEASE NOTE: Banking details are mandatory and these must be your banking details and not those of your parent or parents or legal guardian.

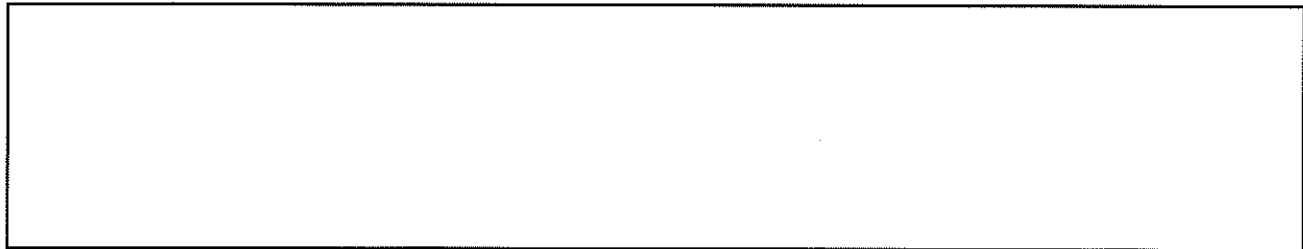
IMPORTANT NOTICE

By signing this application for study assistance/bursary, you acknowledge your acceptance and understanding of the following:

1. This application does not guarantee that you will receive the bursary.
2. If you have been advised that you were unsuccessful in your application for financial assistance/bursary from STLM, you will be responsible to pay all required fees as determined by the university or FET College.
3. Incomplete application forms (including those with missing documents) will NOT be accepted.
4. All applications and supporting documents need to reach STLM on or before the applicable closing dates.
5. STLM does not take responsibility for undelivered or missing applications or supporting documents.
6. STLM will process only the first application that we receive. Please do not submit more than one application unless STLM requests you to do so.
7. Do not send original documents (Birth Certificates, IDs etc.) with the exception of affidavits. Attach recently certified (within the last 3 months) copies to the application form. Only original affidavits will be accepted.
8. A student will only receive funding for the full academic year of the qualification. Therefore, the student shall apply by submitting full academic results to the municipality in order to receive financial assistance for other year.
9. If your application for financial assistance/bursary is approved and you do not sign a contract within 30 days after registration, then STLM reserves the right to withdraw funded status. You will then be responsible for all required fees as determined by the university or FET college.
10. Any false information provided as part of your application for financial assistance/bursary will disqualify you from receiving financial assistance and will result in the immediate withdrawal of any approved bursary. You will be responsible to pay all required fees as determined by the university or FET college.

You will allow STLM to validate your information with third parties. (Tick box if you agree).

Your signature	Signature of parent or legal guardian (for minors)
Your full name	Full name of parent or legal guardian (for minors)
Date	Date



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