ELIAS MOTSOALEDI
LOCAL MUNICIPALITY

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BURSARY APPLICATION FORM

(NON-EMPLOYEES)

2025/2026

Registration fees ☐ Full Cover Bursary ☐

Title (Mr, Mrs, Miss) ☐☐☐☐☐☐ Initials ☐☐☐☐

Surname ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Full Names ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
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☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

ID Number ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Age ☐☐

Population Group Black ☐ Coloured ☐ White ☐ Indian ☐

Gender Female ☐ Male ☐

Disability Yes ☐ No ☐

If yes, please state ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Home Address ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
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☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Code ☐☐☐☐

Local Municipality ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

E-mail ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Contact Telephone ☐☐☐☐☐☐ ☐☐☐☐☐☐☐

Cell Number ☐☐☐☐☐☐ ☐☐☐☐☐☐☐

Current Study ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Intended Qualification ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
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Name of Institution

Qualification Duration

Do you hold a bursary at present? Yes ☐ No ☐

If so, give details:

Name of Bursary/Institution

Postal Address

Code

Grade 11 Results In Case of Matriculants	Subjects Passed	HG/SG	%
Grade 12 Results Final Or Latest	Subjects Passed	HG/SG	%
Tertiary Results	Subjects Passed	Percentage %	

CONDITIONS FOR PAYMENT OF BURSARY ACCOUNTS

1. The bursary will be limited to:
   - Registration fees
   - Tuition fees
   - Textbooks or any prescribed study materials
   - Meals and Accommodation
2. The EMLM will under no circumstances pay for the subjects/modules which are
3. repeated.
4. The learner should submit an invoice or statement of account from the institution stating all the amounts which have to be paid for the academic year in question.
5. Under no circumstances will interests be paid on any account. It is therefore the responsibility of the bursary-holders to submit their accounts on time, which is fifteen (15) working days before the due date for payment.
6. Fees payable for tuition and registration will be for junior degrees and diplomas only.

GRANTING OF EXTENSION FOR BURSARIES AND OTHER FORMS OF FINANCIAL ASSISTANCE

1. The period for which the Bursary and other forms of financial assistance may be extended, will be based on the prescribed duration as stipulated in the contract.
2. Bursary-holders should notify the Corporate Service Department (HRD division) well in advance of anticipation of problems within the contract parameters affecting completion of the academic programme.
3. An application for extension with examination results must be submitted to the Department of Corporate Services after the Head of the Department has recommended and endorsed the extension of the contract. The application should also be accompanied by verifiable proof of the reasons for the extension.
4. With regard to the period for extension that may be granted, each case will be considered by the Bursary Committee based on its merit.

CONTRACTUAL OBLIGATION

1. Bursary-holders must complete and submit contract before any payment can be made towards their accounts.
2. The fully completed contract must be signed by the bursary-holder as well as countersigned by two witnesses on each page of contract.
3. A bursary-holder who fails to complete the relevant qualification, who resigns or breach any term of the contract shall redeem any obligation in terms of the contract by paying back the bursary amount plus interest at a rate determined by Treasury.

4. Examinations results should be submitted immediately after the results have been made available by the institution. No payments will be made in respect of any new enrolled subject prior to the submission of results.

APPLICANTS ARE REQUIRED TO ATTACH THE CERTIFIED COPIES OF THE FOLLOWING:

1. Identity document
2. Proof of residence from the Tribal Authority/ Local Municipality
3. Proof of income of parents or affidavit if there is no income
4. Recent statement of results
5. Proof of acceptance letter from the institution of higher learning
6. Written proof of cost of intended studies

Applicant's Signature_____ Date_____

PARTICULARS OF PARENT(S) OR GUARDIAN

Surname_____

Full Names_____

Residential Address_____

Postal Address_____

_____Code_____

Telephone Number_____ Cell Number_____

Number of Dependants_____

Gender

M	F

CONFLICT OF INTEREST DECLARATION		
Do you have any relationship (**spouse, child, family member, close relative, friend, other)** with persons working for the Municipality.	Yes	No
If yes, please furnish particulars:		
Full Names of the person working for the Municipality		
Position of the person working for the Municipality		
Relationship to the Applicant		

BENEFICIARIES DECLARATION AND PRIVACY NOTICE

1. I declare that all the personal information furnished by me on this form is true and correct, and I undertake to inform Elias Motsoaledi Local Municipality of any changes in my personal information.
2. I, as a Bursary applicant of the Municipality hereby consent that the Municipality may collect, use, distribute, process my personal information for its business purposes, which may include, but is not limited to,
   2.1. internal administrative processes pertaining to the benefits provided by the Municipality; and
   2.2. management and administration of activities relating to municipal services to community residents and/or business areas.
3. I also consent that the Municipality may share my personal information with External Auditors, service providers offering beneficiaries with various services as part of their benefits, relevant government institutions, relevant governance structures and legal entities which may lawfully require such information for legal obligations.
4. I understand that in terms of the Protection of Personal Information Act (POPIA) and other laws of the country, there are instances where my express consent is not necessary to permit the processing of personal information, which may be related to investigations, litigation, compliance with legislative requirements or when personal information is publicly available.
5. I will not hold the Municipality responsible for any improper or unauthorised use of personal information that is beyond its reasonable control.
6. I confirm that I have read the notice and understand the contents.

Signature_____ Date_____

For office use only:

Approved ☐ Not Approved ☐

Name & Surname _____

Designation_____

Signature _____

Date_____

COMPLETED APPLICATION FORMS SHOULD BE ADDRESSED TO:

THE MUNICIPAL MANAGER

Elias Motsoaledi Local Municipality

P.O. Box 48

Groblersdal

0470

By Hand: 2nd Grobler Avenue, Groblerdal,0470