



**ELIAS MOTSOLEDI**  
LOCAL MUNICIPALITY

**BURSARY APPLICATION FORM**

(NON-EMPLOYEES)

2025/2026

Registration fees	<input type="text"/>	Full Cover Bursary	<input type="text"/>																																																																					
Title (Mr, Mrs, Miss)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Initials	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>																																																																					
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Intended Qualification

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

<b>Grade 11 Results</b> In Case of Matriculants	Subjects Passed	HG/SG	%
<b>Grade 12 Results</b> Final Or Latest	Subjects Passed	HG/SG	%
<b>Tertiary Results</b>	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
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Signature \_\_\_\_\_ Date \_\_\_\_\_

**For office use only:**

Approved

☐

Not Approved

☐

Name & Surname \_\_\_\_\_

Designation \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**COMPLETER 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