Mayoral Bursary Application Form

2026

1	PERSONAL INFORMATION		
Sur name			
First Name			
Date of Birth	D D M M Y Y Y Y		
Identity Number			
Gender			
Population Group	African ☐ Coloured ☐ Indian ☐ White ☐		
Disability			
Home Language			
Marital Status			
Home Address			
Postal Code			
Cellular Number		Telephone Number (H)	
Email Address		Fax Number	

2	PARTICULARS OF FATHER / MOTHER / GUARDIAN		
Name and Surname			
Title (e.g. Mr./Miss)			
Employer Physical Address			
Postal Code			
Telephone Number (W)		Cellular Number	

3	ACADEMIC RECORD
Academic year (High School)	
Highest Grade Passed	
Name of Educational Institution	

Subject passed	Results

Other Studies (If applicable)			
Year of study		Course Completed	
Name of Institution			

4 PARTICULARS OF PROPOSED STUDY

Name of Institution	
Institution Address	
Code	
Campus	*(e.g. UJ Soweto Campus)*
Student Number	*(If applicable)*
Intended qualification	*(tick appropriate box)* Degree ☐ Diploma ☐
Intended field of study	*(e.g. BCom)*
Course of study	*(e.g. Financial Accounting)*
Year of study	*(e.g. 2026)*
Year to complete study	*(e.g. 2028)*
Years of study	*(e.g. 3 years)*

5A DECLARATION OF HOUSEHOLD INCOME

Contact details of Parent/Guardian (Tel)		Other	
Is your Parent/Guardian employed	1. FATHER YES ☐ NO ☐	2. MOTHER YES ☐	NO ☐
If YES, please state the name of the company/ies	1. FATHER		
	2. MOTHER		
Address of company/ies: 1. FATHER		2. MOTHER	
Tel: 1. FATHER		2. MOTHER	
Salary per annum	1. FATHER	per month	per week
	1. MOTHER	per month	per week

Please attach proof(of income, eg pay slip)(If both parents are employed, submit both pay slips and employment details)

If NO, state means of income:					
Does the Parent/Guardian have other dependents	YES ☐ NO ☐	No of dependants:			
Dependants in school		Senior Citizens		Other	

5B CONFIRMATION OF FAMILIES REGISTERED INDIGENT STATUS (Please attach proof)

6	FURTHER PARTICULARS
Describe your general condition of health	
Explain briefly your reason for selecting the course you are presently following or wish to follow	

7	DECLARATION
I hereby declare that details contained in this application form are true and correct.	
Signature of applicant	
Date	
Signature of Parent or Guardian	
Date	

8	CHEKLIST - Please attach proof of Midyear results and other related documents.
NB! No applications will be considered if not accompanied by all required documentation.	

Required documents	Tick
1. A plication form completed in full with signatures	Yes ☐ N/A ☐
2. Certified identity document	Yes ☐ N/A ☐
3. Proof of application/ admission to the relevant study Institution of Higher Education and Training with projected study duration, course scope and tuition costs	Yes ☐ N/A ☐
4. Certified copy of Rand West City Local Municipality's rates & taxes	Yes ☐ N/A ☐
5. Certified copies of both parents' salary slip	Yes ☐ N/A ☐
6. In case of parents/ guardian not working, original affidavit (South African Police Services)	Yes ☐ N/A ☐
7. Certified copy of Midyear results	Yes ☐ N/A ☐
8. Testimonial letter from high school where the applicant matriculated	Yes ☐ N/A ☐