

**COLLINS CHABANE
LOCAL MUNICIPALITY**

Since 2016



**COLLINS CHABANE LOCAL MUNICIPALITY'S
MAYORAL BURSARY FUND
2026 APPLICATION FORM**

1. Bursary Application Form:



APPLICATION FORM

STUDENT FINANCIAL ASSISTANCE

2026 ACADEMIC YEAR

PLEASE NOTE: Collins Chabane Local Municipality reserves the right not to accept all applicants, only successful applicants will be contacted. Prospective students are strongly advised to apply for as many alternative sources of funding as possible. Your school or librarian should be able to assist you in this regard.

SEND APPLICATIONS TO: Office of the Mayor: Collins Chabane Local Municipality; DCO Building; Hospital Street; Malamulele; 0982

BASIC CONDITIONS

- a) Eligibility for Collins Chabane Local Municipality financial assistance towards further studies is confirmed to prospective students whose parents are officially declared indigent residents and resides within Collins Chabane Municipality.
- b) The Municipal Council places no restrictions on the field of study intended to be followed by the applicant, other than to restrict the bursary to attendance at a recognized tertiary institution. However, there are study fields that will get preferences as per Section (7) of the Bursary Policy.
- c) The bursary is not tied to the “bursary applicant” and will not be required to subsequently work for the Municipality and, similarly, there is no obligation on the Municipality to provide employment for the successful bursary applicant.
- d) The availability of the bursary is advertised in the local press.

- e) Applications received will be submitted to a budget committee for initial consideration and, thereafter, if necessary, to the Accounting Officer who **MAY** call for interviewing of short listed candidates.
- f) Payment of the Financial Assistance shall be made directly to the Tertiary Institution and under no circumstances will monies be transferred to any other institution or individual except the payment in respect of private accommodation, which will be paid to the bursary holder itself.
- g) A Declaration must be submitted to Collins Chabane Municipality, by the applicant regarding any other bursaries (financial assistance) received, the same applies in the event that no other financial assistance is due to the applicant from whatsoever institution, by no later than 20 January 2017.

PART 1:

Instructions:

- i. For any enquiries and assistance in completing the application form, please contact the bursary office at (015) 851 0110 or email your queries to raymond.hlungwani@collinschabane.gov.za or WhatsApp Number to +27 664 779 695 Use **BLACK PEN** to complete this form where a space is provided.
- ii. **INCOMPLETE APPLICATION FORMS WILL NOT BE ACCEPTED OR PROCESSED** (this includes forms with missing documents).
- iii. Mark appropriate blocks with an **"X"**
- iv. No late submissions will be accepted.
- v. The municipality does not accept responsibility and will not be held liable for any applications which were undelivered or missing.
- vi. No change of course from the one which the bursary was allocated will be approved.
- vii. E-mailed applications will not be accepted.
- viii. The municipality will only fund a course which is relevant to Local Government.
- ix. The closing date for applications is 31 December 201....
- x. Only students applying to study towards a degree/ diploma at a Tertiary Institution may apply.
- xi. Non-South African citizens will not be considered.
- xii. A senior student must have passed the previous year's studies to qualify for a bursary.
- xiii. If your application is successful, Collins Chabane Municipality will require you to enter an agreement. Failure to sign the agreement will result in forfeiting your allocation.
- xiv. If you do not receive any response from the bursary section within **four (4) months** after the closing date for applications, please consider your application as unsuccessful.

Documents to be attached:

- i. Prescribed bursary application form;
- ii. Motivation letter of about 150 words on why you think you should receive the bursary;
- iii. Curriculum vitae;
- iv. Certified copies of (both) parents' / guardians' income;

- v. Certified copy of matric results in 201.... or certificate;
- vi. Certified copy of South African identity document;
- vii. Proof of registration at tertiary institution;
- viii. Proof of residence within Collins Chabane Municipal area;
- ix. In the case of applicants who state they have a disability, provide proof from a registered medical doctor or clinic or hospital.

TITLE	Mr.	Ms	Mrs.

SURNAME:

NAME:

DATE OF BIRTH:

ID NUMBER:

INDIGENT NUMBER:

DO YOU HAVE A DISABILITY (Specify if you have a disability):

STUDENT NUMBER (If available):

EQUITY GROUP:

African

HOME LANGUAGE:

MARITAL STATUS:

HIGHEST QUALIFICATION:

NAME OF THE INSTITUTION (UNIVERSITY / UNIVERSITY OF TECHNOLOGY, ETC) WHERE YOU INTEND REGISTERING/ STUDYING:

.....

ARE YOU CURRENTLY BENEFITTING FROM ANY OTHER BURSARY FUNDS?

Yes	No
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RESIDENTIAL ADDRESS:

..... Code:

POSTAL ADDRESS:

..... Code:

CONTACT DETAILS

HOME TEL NO:

CELL NO:

EMAIL ADDRESS:

PARENTS / GUARDIANS DETAILS

GUARDIAN / PARENT WORK NUMBER:

CELL PHONE NUMBER:

TOTAL HOUSEHOLD INCOME: R.....

OCCUPATION(S):

Mother:

Father:

Guardian:

PART 2:

EDUCATIONAL DETAILS

PARTICULARS OF CURRENT / FUTURE STUDIES

NAME OF INSTITUTION

.....

NAME OF DEGREE / DIPLOMA

.....

MAJOR SUBJECTS / MODULES (Optional)

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Please attach certified copies of the following documents to this page:

- * ID Document
- * Senior Certificate
- * Proof of acceptance at tertiary institution

(Your application will only be processed once you have been accepted as a student or have conditionally accepted awaiting your grade 12 results)

- * Proof of total household income of parents or legal guardian.
- * Banking Details of the Tertiary / Learning Institution on original Bank letterhead

IMPORTANT NOTICE

- * Failure to complete this application form fully and correctly may prejudice the applicant's chances of obtaining financial assistance from Collins Chabane Local Municipality.
- * No payment will be made without submission of the original statement for studies.
- * Payments will be directed to the recognized institution. Please attach the banking details of the institution.

SWORN AFFIDAVIT TO BE COMPLETED BY APPLICANT

I; (full name of applicant) hereby declare that the information stated in this application, including the information about my parents / spouse / legal guardian in this application form, is true to the best of my knowledge and belief. I have submitted this information knowing that, if I willfully stated in it anything which I know to be false or which I do not believe to be true, any financial aid is already granted may be withdrawn and sums paid to me or on behalf by Collins Chabane Municipality may be recovered from me and / or disciplinary action may be taken against me in the civil courts. I further undertake to inform the Manager: Office of the Mayor of Collins Chabane Municipality of any changes in my circumstances.

I acknowledge that should I fail to do so and continue to receive financial aid which I would not be entitled to by reason of my changed circumstances; Collins Chabane Municipality may have resources against me in any of the ways set out above.

(Signature of applicant) (Date)

(Identity number)

(Signature of Parent / Guardian) (Date)

(Identity number)

I certify that the Deponents have declared that they are familiar with the content of the statement, signed and sworn in my presence at: on this day of 201.....

.....
COMMISSIONER OF OATHS



CHECKLIST

Mark appropriate blocks with an “X”

- ☐ Certified copy of birth certificate or identification document (ID)
- ☐ Certified copy of the salary statement/affidavit of income of your parents or guardians;
- ☐ Certified copy of Grade 12 certificate / NCV;
- ☐ Certified copy of Grade 12 June examination results (if you are currently in Grade 12);
- ☐ Latest examination results from higher education institution;
- ☐ Certified copies of previous formal qualifications, if any;
- ☐ Proof of disability from a registered medical doctor or clinic/ hospital;
- ☐ Proof of indigent status;
- ☐ A proof of registration or acceptance letter from higher education institution.