



TMDM EXTERNAL BURSARY APPLICATION FORM FULL TIME STUDIES

INSTRUCTIONS REGARDING THIS BURSARY FORM:

- † Use the block letters to complete the Application form.
- † Give concise answers and where applicable mark with X

Attach the following copies of the following:

- † Identity document.
- † Grade 12 certificate or latest results for current grade 12 learners.
- † Acceptance letter from recognised/accredited tertiary institution.
- † Motivational letter (section 4 of the application form)
- † Proof of income or Affidavit
- † Proof of residence from ward Councillor.

Where did you hear about Thabo Mofutsanyana District Municipality Bursary?

Newspaper	Friend	Facebook	Other (Please specify)



1. PARTICULARS OF APPLICANTS

Surname:

Full Names:

Identity Number:

Date of birth:

Gender:	Female		Male	
Race:	African	Coloured	Indian	White
Disability:	Yes	No	If yes, please specify the nature of disability.	

Cell phone no.:		Alternative cell no.:	
Home Tell no.:		Fax no:	
Email Address:			
Postal Address:		Physical Address:	

2. PARTICULARS OF APPLICANTS

NB: Please attach certified copies of the latest grade 12 results, grade 12 certificate, and or tertiary results and academic record

What are you doing this year:	1 st Year	2 nd Year	3 rd Year
Highest educational qualification obtained:			
Name of the school you attended or completed grade 12 at:			
Name of the tertiary institution you are currently registered at if you have commenced your tertiary studies			



Proposed programme for 2025

First year students 2025	
First Choice:	
Institution:	Campus:
Second Choice:	
Institution:	Campus:
Second Year students 2025	
Name of the qualification	
Institution:	Campus:
Student Number:	

Attach a certified copy of your latest results and academic record.

3. DETAILS OF PARENTS/LEGAL GUARDIAN AND FAMILY (LIVING WITH YOU)

Attach a proof of income: payslip, grant receipt etc.

Surname:			Full Names:			
Relationship:	Father:	Mother:	Legal Guardian	Other, specify:		
Marital Status	Married	Divorced	Separated	unmarried	Deceased	Widowed
Employed:	Yes	No	Pensioner	Yes	No	
Surname:			Full Names:			
Relationship:	Father	Mother	Legal Guardian	Other, specify		
Marital Status:	Married	Divorced	Unmarried	Deceased	Widowed	
Employed:	Yes	No	Pensioner:	Yes	No	

Other members of your family who are living at your home not mentioned above

Name	Relationship (brother, grandparent)	Category (child, student, Adult)	Income (per month)	Type of income (wages, grant pension)

