MAYORAL BURSARY FUND



Lephalale is one of the fastest growing town in Limpopo due to the presence of natural coal reserves, huge industrial expansion projects initiated by mainly coal mining processing and electricity generation. Dynamic students who wish to take the leading role in the development and exposure of the Lephalale Municipality are hereby invited to apply for the Mayoral bursary fund 2025:

Mayoral Bursary Fund Application for 2025.

Lephalale Local Municipality invites matriculates and undergraduate 1st year tertiary students who are interested in furthering their studies at tertiary institutions to apply for the Lephalale Municipality Mayoral Bursary Fund.

Minimum Requirements for the Bursary Funding.

- Eligible Learners must be residents of Lephalale Local Municipality.
- Tertiary students must attach their CVs and shortlisted candidates will undergo compulsory Psychometric assessments and interviews.
- Learners must show consistent good academic performance.
- Their parents must be unemployed or classified as indigent.
- Bursary will cover the following: Tuition fees, accommodation and meals. (Prescribed books will be provided to most needy students only).
- Mean test will be conducted by visiting the home of the applicants to determine the need of the concerned applicant.
- Awarding of bursary will be sealed after receiving proof of tertiary acceptance letter and admission to study.
- Learners to study in the following study fields:
 - a) Financial Studies.
 - b) Civil, Electrical & Mechanical & Chemical Engineering,
 - c) Town and Regional Planning,
 - d) Mining related,
 - e) Other scarce skills.

Application forms indicated as Mayoral Bursary form are available at our Civic Centre offices, Libraries or can be download from www.lephalale.gov.za.

Completed forms must be accompanied by the following documents: letter of motivation, latest statement of results, certified copy of parents'/guardians` ID, income statement/ salary advice/ affidavit that parents/guardians are unemployed, proof of residential address, certified copy of applicants' identity document (ID).

Post your applications to: The Municipal Manager, Lephalale Municipality, Private Bag X 136, Lephalale, 0555 or hand deliver at Civic Centre, Corner Joe Slovo & Douwater Avenue, Onverwacht, Lephalale.

For enquiries, contact the following official: Thomas Seodisa 014 762 1434

The closing date is 17 January 2025.

Date: 01/01/2025

Notice no.: V01/2024/25

Ref NO: 4/6/4/3

MIMMOPE

MUNICIPAL MANAGER



IMPORTANT INFORMATION

- Please complete this form in black ink.
- Sections A to F should be completed in full by an applicant. Incomplete forms shall not be accepted.
- Please attach certified copies of your ID Document and proof of qualifications. Applications that do not comply to the institutions contained in this from shall not be considered.

Criteria:

- Eligible learners must be residents of Lephalale Local Municipality.
- Learners must study in the field that will be beneficial to the municipality or the so called critical Skills.
- Learners must show consistent good performance.
- Their parents may be unemployed or classified as indigent.
- Learner must be in grade 12 during the current financial year or should have passed grade 12 or doing first year at any tertiary Institution.
- Preference will be given to learners doing or who have passed: Mathematics, Physical Science, Commerce and Technology as key subjects.
- Mean will be conducted by visiting the home of the applicant to determine the need of the concerned applicant.

A. POST PART	ICULARS:							
The name of the qualification you are applying for (e.g. B Com Accounting Degree):								
Institution in w	hich you intend to study with:							
B. DETAILS OF THE APPLICANT:								
Title:		Initials:						
Surname:						•		
First Name(s):								
Date of Birth:			Currently studying?:	Yes		No		

ID Number:													Age:			
Please mark the relevant block							Gend	ler:	MA	MALE		FEMALE		ALE		
Race: AFRICAN WHITE									COLOURED				INDI	AN		
How long do you wish to study/ enrolled?																
If yes, specify:																
Residential Address:			Ē	Postal Address: (If different from Residential address)												
Province:							Contact Number:									
	/If anni	icable)	•				<u> </u>		Contact Number.							
E-mail Address (If applicable):																
C. Qualification																
What is your highest standard passed? (attach proof)																
Do you have ar	Do you have an additional completed qualification?						_	Υe	 es		*******	No			T	
If yes, specify: (attach proof)								<u>l</u>								
Qualification: Institution:																
D. DISABILITY INFORMATION:																
Do you have a disability?									Y	es		No)			
Specify other conditions; if any																
Do you require the assistance of another person (Aid) while you are Yes No																
studying??																
Tick the nature of the disability below:																
Deaf	Blind		Hard to hear Visually impaired						!	Loss of Speech						
Learning disabi	Learning disability Paralysis/Quadriplegic/wheelcha					chair	bound	t	Other (Specify below)							
E. PARENTS:																
Name Relationship to you En				mpl	ployer/Company			Contact Number								
			-										, .			
F. DECLARATION:																

I declare that all the info	ormation provided (including any	attachments) is complete and correct to the best of my						
knowledge. I understan	d that any false information supp	lied could lead to my application for the study grand						
being disqualified.								
Signature:		Date:						
G DETAILS OF PAREN	IT OR GUARDIAN IF ONLY UNDER	AGE						
Surname:								
First Name(s):								
South African ID No:								
Postal Address:								
Postal Code:								
Parent's signature/ Guar		Date						