



Steve Tshwete
Local Municipality

PO Box 14 | Middelburg | 1050
Cnr Walter Sisulu Str & Wanderers Ave
Middelburg | Mpumalanga
T: +27 (0)13 249 7000 | F: +27 (0)13 243 2550
council@stlm.gov.za

BURSARY APPLICATION FORM 2025/2026 ACADEMIC YEAR

STEVE TSHWETE LOCAL MUNICIPALITY

WHO MAY APPLY FOR FINANCIAL ASSISTANCE/ BURSARY?

- South Africa citizens.

GENERAL INSTRUCTIONS

- Please read these notes carefully before completing the application form. Make sure that you read every section and that the information you provide is accurate.
- Fill in your Identity Number on the **Header** of every page of the application form.
- Application form must be submitted with all documents required (See Page 2).
- STLM will process only the first application.
- STLM requires either a cell phone number or email address in order to communicate with you during the application process.

HOW TO APPLY

Please send your application with the supporting documents to STLM as follows:

1. Hand in your completed application form and supporting documents to the Office of director Human Resources or Skills Development Facilitator at **Steve Tshwete Local Municipality Building, Ground floor, CNR Walter Sisulu Street and Wanderers Avenue, Civic Centre Building.**

APPLICATION ASSISTANCE:

If you require assistance in completing your form, please contact:

The STLM Human Resource Department on 013 249 7335

NOTE:

People living with disability are encourage to apply.



REQUIRED DOCUMENTS

In order for your application to be processed, please ensure that you complete all sections of the application form and attach all supporting documents.

Please attach certified copies of the following documents: (All the certified copies of income must not be older than 3 months) Your documents can be certified at the South African Police Service or the South African Post Office. • If you are under the age of 18 or if you are 18 and older and are STILL DEPENDENT on the household income of your parent or legal guardian, then this also applies to you.	Compulsory
Certified proof of bank account. This can be a bank statement or letter from the bank where you have your account.	Yes
Certified copy of your Identity Document	Yes
Certified copy Of Identity Document of each household member including parents or legal guardian.	Yes
If you are younger than 16 years of age and do not have a green bar-coded ID, you must submit a certified copy of your birth certificate.	Yes
If you have been exempted from paying school fees, please provide a letter from the school informing STLM that you have been exempted	Yes
Certified or official copy of recent pay-slip, letter of employment, not older than three months, of each of your parents, or the person who supports you, or your guardian or yourself if you are employed This is for all types Of employment. Proof Of income Of all members of the household. This includes any income received from SASSA grants, Unemployment Insurance Fund (UIF), or any retirement, life. Disability or Other benefits paid as a lump sum or in monthly payments.	Yes
Proof of residence - such as water and electricity accounts or other accounts	Yes
If your parents or the person who supports you or your legal guardian are retired, please provide a copy of an official pension slip or bank statement showing pension payment	Yes
If your parents or the person who supports you or your legal guardian works as an informal trader, please provide an affidavit signed by them to confirm this employment.	Yes
If your parents or the person who supports you or your legal guardian works as an informal trader, please provide an affidavit signed by them to confirm this employment.	Yes
If you are supported by someone Who is not your parent or legal guardian, please provide an affidavit explaining the reasons	Yes
Certified copy of a SASSA letter if any of your family members are receiving a social grant and are also contributing to your household income. This also applies to your legal guardian.	Yes
If you have indicated that a dependent in your household is a student, please provide proof of registration or acceptance at the university or FET college for each dependent.	Yes
If you have a disability, please complete the supporting documents Annexure A and submit them with your application form	Yes
Certified copy of your latest academic transcript or exam results. If you are currently in Grade 12 you are excluded from this requirement	Yes

--	--	--	--	--	--	--	--	--	--	--	--	--

SECTION A: PERSONAL DETAILS

Please fill out as per your ID documents*:
(Tick the appropriate boxes. Field with * are compulsory)

*Surname:

*Date of birth:

*Full name:

*ID number:

Title ☐ Mr ☐ Miss ☐ Ms ☐ Mrs.

Gender ☐ Male ☐ Female

Do you have a Disability? ☐ Yes ☐ No (*Please provide proof detailing the nature of disability)

Race ☐ African ☐ Asian ☐ Coloured ☐ Indian ☐ White

Marital status ☐ Divorced ☐ Married ☐ Unmarried ☐ Widowed ☐ Other

Do you receive a SASSA* grant *(south African Social Security Agency) ☐ Yes ☐ No

HOME ADDRESS (physical) * compulsory field

*address *City.....

*Province..... *Country..... *Postal code.....

What are you Doing this year? ☐ Secondary school ☐ Employed ☐ Not employed ☐ Studying & Employed

Highest academic level achieved ☐ Gr 9 ☐ Gr 10 ☐ Gr 11 ☐ Gr 12

☐ 1st Year ☐ 2nd Year ☐ 3rd Year

Name of Institution where u achieved your highest academic level

Year achieved

Do you have any form of financial assistance? ☐ NSFAS ☐ Other ☐ None

If you answered **NSFAS** or **Other** in the previous, what type of assistance do you receive?

☐ Loan ☐ Bursary ☐ Other (if other, please elaborate)

How much do you receive?.....

Have u ever been declared mentally unfit by a court of law? ☐ Yes ☐ No

Has there ever been an administration order against you? ☐ Yes ☐ No

--	--	--	--	--	--	--	--	--	--	--	--	--

SECTION A: YOUR DETAILS (Continued)

CONTACT DETAILS (Preferred means of contact where a cell number or an email must be provided.)

*Compulsory field

Home telephone..... *Cell phone..... *Email.....

SECTION B1: FAMILY DETAILS – FATHER or STEP FATHER

If you are the age of 18 and not dependent on the house income of your parent or legal guardian, then ignore Father, Mother and legal guardian details.

Deceased ☐ Yes ☐ No *if you answered Yes, Please Provide a supporting document.

Surname..... Name.....

Date of birth..... ID number.....

Marital status ☐ Divorced ☐ Married ☐ Unmarried ☐ Widowed ☐ Other

CONTACT DETAILS (Preferred means of contact where a cell number or an email must be provided.)

*Compulsory field

Home telephone..... *Cell phone..... *Email.....

What is the occupation of your father? ☐ Employed ☐ Unemployed ☐ Other

Is the above mention person your next of kin? ☐ Yes ☐ No

Source of income? ☐ Salary ☐ Pension ☐ Child support ☐ Contribution
☐ Business profit (specify).....(E.g. taxi, Hawkers or enterprise)

Annual income amount if not a salary (before deduction and tax).....

Other form of income? ☐ Yes ☐ No (specify).....

Assistance amount.....

HOME ADDRESS (physical) * compulsory field

*address *City.....

*Province..... *Country..... *Postal code.....

EMPLOYEMENT DETAILS

Occupation.....

Company.....

Income Tax No.....

Annual Income amount.....

--	--	--	--	--	--	--	--	--	--	--	--	--

SECTION B2: FAMILY DETAILS – MOTHER or STEP MOTHER

If you are the age of 18 and not dependent on the house income of your parent or legal guardian, then ignore Father, Mother and legal guardian details.

Deceased ☐ Yes ☐ No *if you answered Yes, Please Provide a supporting document.

Surname..... Name.....

Date of birth..... ID number.....

Marital status ☐ Divorced ☐ Married ☐ Unmarried ☐ Widowed ☐ Other

CONTACT DETAILS (Preferred means of contact where a cell number or an email must be provided.)

*Compulsory field

Home telephone..... *Cell phone..... *Email.....

What is the occupation of your mother? ☐ Employed ☐ Unemployed ☐ Other

Is the above mention person your next of kin? ☐ Yes ☐ No

Source of income? ☐ Salary ☐ Pension ☐ Child support ☐ Contribution
☐ Business profit (specify).....(E.g. taxi, Hawkers or enterprise)

Annual income amount if not a salary (before deduction and tax).....

Other form of income? ☐ Yes ☐ No (specify).....

Assistance amount.....

HOME ADDRESS (physical) * compulsory field

*address *City.....

*Province..... *Country..... *Postal code.....

EMPLOYEMENT DETAILS

Occupation..... Company.....

Income Tax No..... Annual Income amount.....

--	--	--	--	--	--	--	--	--	--	--	--	--

SECTION B3: FAMILY DETAILS – LEGAL GUARDIAN

If you are the age of 18 and not dependent on the house income of your parent or legal guardian, then ignore Father, Mother and legal guardian details.

Surname..... Name.....

Date of birth..... ID number.....

Appointed by the court of law? ☐ Yes ☐ No

Family or other individual has assumed responsibility for you ☐ Yes ☐ No

CONTACT DETAILS (Preferred means of contact where a cell number or an email must be provided.)

*Compulsory field

Home telephone..... *Cell phone..... *Email.....

What does your guardian currently do ? ☐ Employed ☐ Unemployed ☐ Other

Is the above mention person your next of kin? ☐ Yes ☐ No

Source of income? ☐ Salary ☐ Pension ☐ Child support ☐ Contribution
☐ Business profit (specify).....(E.g. taxi, Hawkers or enterprise)

Annual income amount if not a salary (before deduction and tax).....

Other form of income? ☐ Yes ☐ No (specify).....

Assistance amount.....

HOME ADDRESS (physical) * compulsory field

*address *City.....

*Province..... *Country..... *Postal code.....

EMPLOYEMENT DETAILS

Occupation.....

Company.....

Income Tax No.....

Annual Income amount.....

--	--	--	--	--	--	--	--	--	--	--	--	--

SECTION B4: FAMILY DETAILS – NEXTS OF KIN Compulsory (if not father, mother or legal guardian)

If you are the age of 18 and not dependent on the house income of your parent or legal guardian, then ignore Father, Mother and legal guardian details.

Surname..... Name.....
 Date of birth..... ID number.....
 Source of income? ☐ Salary ☐ Pension ☐ Child support ☐ Contribution
☐ Business profit (specify).....(E.g. taxi, Hawkers or enterprise)
 Annual income amount if not a salary (before deduction and tax).....
 Other form of income? ☐ Yes ☐ No (specify).....
 Assistance amount.....

SECTION C: STUDY DETAILS

SECTION C1: Qualification or course – 1st preference

Are you planning to study at a university or FET college? ☐ University ☐ FET college
 Registration* will be for? ☐ 1st Year ☐ 2nd Year ☐ 3rd Year
 field of study.....
 Student number (if are applicable).....

SECTION C2: Qualification or course – 2nd preference

Are you planning to study at a university or FET college? ☐ University ☐ FET college
 Registration* will be for? ☐ 1st Year ☐ 2nd Year ☐ 3rd Year
 Field of study.....
 Student number (if are applicable).....

What type of accommodation will you make use of?

☐ Rental accommodation ☐ On-campus residency ☐ Off-campus residency

Do you need funding for the meals provided by the residency?

☐ Yes – need funding for meals ☐ No – Meals are part of the residency ☐ not applicable

Do you need funding for travel to the university or FET College? ☐ Yes ☐ No

Distance between accommodation (while studying) and the institution?.....

Applicants Signature

Date