



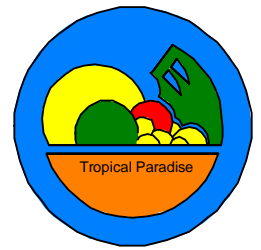
**GREATER TZANEEN MUNICIPALITY**  
**GROTER TZANEEN MUNISIPALITEIT**

P.O. BOX 24

TEL: 015 307 8000

TZANEEN 0850

FAX: 015 307 8049



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**FINANCIAL ASSISTANCE APPLICATION**

- Please use a black pen
- Mark with an **X** where applicable

**SECTION A: PERSONAL DETAILS**

Surname: \_\_\_\_\_ Mr. /Miss/Ms: \_\_\_\_\_

Fist names: \_\_\_\_\_

Identity Number: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_

Race: Black  Coloured  White  Other

Marital status: Single  Married

Gender: Male  Female

Disability: Yes  No

If yes, please specify: \_\_\_\_\_

Nationality: \_\_\_\_\_

Home Language: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Cell Phone number: \_\_\_\_\_

E-mail: \_\_\_\_\_

**SECTION B: DETAILS OF PARENT OR GURARDIAN**

Surname: \_\_\_\_\_

First names: \_\_\_\_\_

Identity Number: \_\_\_\_\_

Marital status: Single  Married

Relationship: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Physical Address: \_\_\_\_\_

Work Telephone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Number of Dependants: \_\_\_\_\_

**PARENT/GUARDIAN/SPOUSE**

Surname: \_\_\_\_\_

First names: \_\_\_\_\_

Identity number: \_\_\_\_\_

Marital status: Single  Married

Relationship \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Physical Address: \_\_\_\_\_

Work Telephone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Number of Dependants: \_\_\_\_\_

Combined Monthly Income Levels: R0-R500 ( ) R5 000-R32 000 ( ) R12 000 and Above ( )

**SECTION C: EDUCATION**

Name of School/Tertiary institution: \_\_\_\_\_

Grade 12 ( ) Tertiary Year ( ) \_\_\_\_\_

Physical Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Recent Results: Please attach certified copies of your recent academic record.

**SECTION D: CURRENT/DESIRED FIELD OF STUDY AT TERTIARY LEVEL**

Name of institution: \_\_\_\_\_

Bachelors Degree/Diploma \_\_\_\_\_

Academic Field: \_\_\_\_\_

Provincial/Student Number: \_\_\_\_\_

**SECTION E: DECLARATION**

I, the undersigned, declare that the information given is correct and I understand that should I receive Financial Assistance, I will fully comply with all provisions of the Greater Tzaneen Municipality External Financial Assistance Policy.

\_\_\_\_\_  
Signature:

-----  
Date

**Documents Required**

1. Please ensure that you have attached the following documents:
  - Detailed Curriculum Vitae
  - Recent Academic Record
  - Certified copy of identity Documents
  - Provisional Admission letter or Proof of Registration
  - Proof of Parent (s)/Guardian's Income
  - Proof of Residence
  - Motivation as to why the Financial Assistance should be awarded to you 300-350 (words)

2. Closing date for the application is **15 January 2016**
3. Please don't send original documents, attach certified copies
4. Completed forms must be sent to:

The Municipal Manager  
The Greater Tzaneen Municipality  
PO Box 24  
Tzaneen  
0850

Or

May be hand delivered to:

38 Agatha Street, Civic Centre Building, Tzaneen. Office number 102.