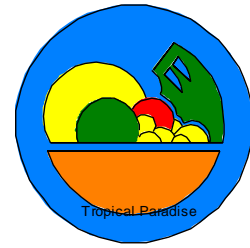




**GREATER TZANEEN MUNICIPALITY  
GROTER TZANEEN MUNISIPALITEIT  
MASIPALA WA TZANEEN  
MASEPALA WA TZANEEN**



P.O. BOX 24  
TZANEEN  
0850

TEL: 015 307 8000  
FAX: 015 307 8049

[www.greatertzaneen.gov.za](http://www.greatertzaneen.gov.za)

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## FINANCIAL ASSISTANCE APPLICATION FORM 2021/22

- 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: African  Colored  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 ( ) R500-R3200 ( ) 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 Tertiary Registration
  - Proof of Parent (s)/Guardian's Income

- Proof of Residence from Ward Councilors
- Motivation as to why the Financial Assistance should be awarded to you 300-350 (words)

2. Please don't send original documents, attach certified copies
3. Completed forms must be sent to:

Office of the Mayor  
The Greater Tzaneen Municipality  
PO Box 24  
Tzaneen  
0850

Or

May be hand delivered to:

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

Closing date: 14 January 2022 at 15h30