

 Tropical Paradise

**GREATER TZANEEN MUNICIPALITY**

**GROTER TZANEEN MUNISIPALITEIT**

P.O. BOX 24 TEL: 015 307 8000

TZANEEN 0850 FAX: 015 307 8049

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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)
1. Closing date for the application is **15 January 2014**
2. Please don’t send original documents, attach certified copies
3. 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.