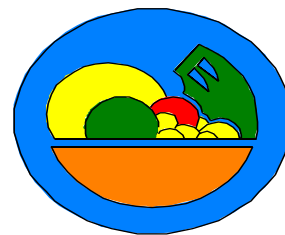




GREATER TZANEEN MUNICIPALITY
GROTER TZANEEN MUNISIPALITEIT
MASIPALA WA TZANEEN
MASEPALA TZANEEN



Tel: 015 307 8000

P.O. BOX 24

Tropical Paradise

Fax: 015 307 8049

TZANEEN, 0850

STUDENT FINANCIAL ASSISTANCE - APPLICATION FORM 2024/25

- 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 ☐ 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: _____

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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: _____

Bachelor's 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 or Grade 12
- Certified copy of identity Documents
- Provisional Admission letter from College / University
- Proof of Parent (s)/Guardian's Income
- Strictly Proof of Residence from Ward Councilors

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- A copy of valid banking details of the university or college you intended to enrol.
- Motivation as to why the Financial Assistance should be awarded to you 300-350 (words)
- No personal student account payment or refund

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:

38 Agatha Street, Civic Centre Building, Tzaneen. Ground floor, Youth Office Number 32.

Closing date: 31 January 2025 at 15h30