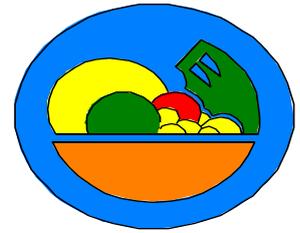




GREATER TZANEEN MUNICIPALITY
GROTER TZANEEN MUNISIPALITEIT
MASIPALA WA TZANEEN
MASEPALA TZANEEN



Tel: 015 307 8000
Fax: 015 307 8049

P.O. BOX 24
TZANEEN, 0850

Tropical Paradise

STUDENT FINANCIAL ASSISTANCE - APPLICATION FORM 2025/2026

- 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 matric results.

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
 - Certified copy of identity Documents (Learner, parents & guardian)
 - Provisional Admission letter or Proof of Tertiary Registration
 - Proof of Parent (s)/Guardian's Income
 - Proof of Residence from Ward strictly from ward Councilors

"A Green, Prosperous and United Municipality that Provides Quality Services to All".

- Valid bank details of the institution
- First time entrance only, returning student are discouraged
- Persons with disabilities are encouraged to apply
- Motivation as to why the Financial Assistance should be awarded to you 300-350
(words)

2. Please do not sent 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: 16 January 2026 at 15h30