



BUSHBUCKRIDGE LOCAL MUNICIPALITY

APPLICANT

NAME AND SURNAME: _____

NAME OF INSTITUTION (WHERE THE APPLICANT APPLIED/BEEEN ACCEPTED):

FIELD OF STUDY YOU ARE APPLYING FOR (B.A DEVELOPMENT STUDIES, ETC.):

DURATION OF STUDY: _____

YEAR APPLIED FOR:(1ST ,2ND ,3rd & 4th) _____

BURSARY APPLICATION FORM

2026

EXTERNAL

Closing date: 24 January 2026

Administration by
Bushbuckridge Local Municipality
Directorate: Community Services
Youth Affairs

BURSARIES WILL BE AWARDED TO APPLICANTS TO STUDY FULL-TIME AT ACCREDITED HIGHER EDUCATION INSTITUTIONS.

1. THE FOLLOWING DOCUMENTS MUST ACCOMPANY YOUR APPLICATION:

- 1.1.** Certified copies of identification document (ID)
- 1.2.** Certified copies of both parents/ Death certificate.
- 1.3.** Certified copies of salary statements of both parents/guardians. In the case of one or both parents, submit copies of death certificates. In the case of orphans, submit a letter from the social worker.
- 1.4.** Certified copies of grade 12 certificate/ Results.
- 1.5.** In the case of applicants who state that they have a disability, provide proof from a registered medical doctor or clinic/hospital.
- 1.6.** Acceptance letter from a tertiary institution/ previous academic result.
- 1.7.** Proof of residence.
- 1.8.** A letter from a social worker confirming indigent status/ municipality or sworn affidavit (unable to afford to attend tertiary without a bursary).

2. INSTRUCTIONS AND COMPLETION OF THE APPLICATION FORM

- 2.1.** For any further enquiries and assistance in completing the application form, please contact the bursary office at Bushbuckridge Local Municipality, Private Bag X 9308, Bushbuckridge, 1280. R533 Graskop Road opp. Mapulaneng DLTC, Maviljan Region, Bushbuckridge. **Contact number: 081 044 2029.**
- 2.2.** Incomplete application forms will not be considered.
- 2.3.** Please complete the form **using capital letters in black ink.**
- 2.4.** Mark appropriate block with an **“X”**
- 2.5.** No bursary will be granted if it does not comply with the criteria.
- 2.6.** No change of course from the one on which the bursary was allocated will be approved.
- 2.7.** Consult with vocational councilors at a tertiary institution to make sure that you qualify for admission in the study field you applied for.
- 2.8.** The closing date for submitting application forms is 24 January 2026 and no late application forms will be considered.
- 2.9.** Your application will not be considered if you apply for more than one field of study.
- 2.10.** If you do not receive any response from the bursary section within one month after the closing date for applications, please consider your application unsuccessful.

FULL TIME EXTERNAL BURSARY APPLICATION FORM												
1. Bursary application for which academic year?												
PERSONAL DETAILS												
2. ID Number:											3. Surname:	
4. Initials:		5. First Names:						6. Title:				
7. Gender:		<i>Male</i>		<i>Female</i>		8. Race:		<i>Black</i>		<i>Coloured</i>	<i>Indian</i>	<i>White</i>
9. RSA Citizen?		<i>Yes</i>		<i>No</i>		10. Bushbuckridge Resident?				<i>Yes</i>	<i>No</i>	
11. Disabled?		<i>Yes</i>		<i>No</i>		If "yes" specify (provide proof):						
12. Ward no:												
13. Postal Address						14. Residential Address						
Town:_____Post code_____						Town:_____Post code_____						
15. Telephone number:						16. Cell no (own):						
17. Cell no of parent / guardian:						18. Email Address:						
19. Combined monthly income of parent(s)/guardian(s):												
EDUCATIONAL QUALIFICATIONS												
20. Matriculation year												
21. Name of school												
22. Name of the institution (University/University of Technology/FET College, etc) where you intend registering /studying:												
23. Name of the Qualification (e.g BSc/B.Ed FET/ etc) you intend to register for/studying: (Specify only one qualification as per the advert)												

DECLARATION BY APPLICANT:

I (Initial & surname) _____
declare that the above particulars are complete and correct, and I understand that any
false information supplied will lead to the immediate cancellation of the bursary.

SIGNATURE OF APPLICANT: _____ **DATE:** _____

CHECKLIST

Mark appropriate blocks with and "X".

Certified copy of identification document (ID)	
Certified copy of identification document (ID) for both parents/ Death certificate	
Certified copy of the salary statement/affidavit of income of your parents/guardian	
Certified copy of Grade 12 certificate /NCV	
A valid proof of residence	
Proof of disability from a registered medical doctor or clinic/hospital	
Proof of indigent status	
A proof of registration or acceptance letter from higher education institution	

PLEASE NOTE:

APPLICATIONS WILL NOT BE ACCEPTED AFTER CLOSING DATE