

EPHRAIM MOGALE LOCAL MUNICIPALITY



BURSARY SCHEME FOR UNDERGRADUATE STUDIES ACADEMIC YEAR 2012

Ephraim Mogale Local Municipality is offering a number of bursaries to deserving students residing within Ephraim Mogale Local municipality jurisdictional area to study at a registered and recognized tertiary institution.

Bursaries will only be granted to full-time students registered in the following fields of study:

- ❖ Finance
- ❖ Agriculture
- ❖ Tourism
- ❖ Engineering
- ❖ Planning
- ❖ Information Technology
- ❖ Records Management and Archiving

Application forms are obtainable from the offices of the Ephraim Mogale Local Municipality. Completed application forms should be accompanied by the following valid documents:

- ❖ Grade 12 Certificate or Statement of results,
- ❖ Certified copies of salary advice/s of parent/s or guardian/s,
- ❖ Certified copy of the Identity Document of the applicant and of the parent or guardian,
- ❖ Motivation letter for financial assistance and for the chosen field of study.

Enquiries should be directed to M.T. Mothogwane at (013) 261 8400 / 8408 during office hours. Applications should be submitted to the office of the Municipal Manager, Ephraim Mogale Local Municipality, P O Box 111, MARBLE HALL, 0450. Faxed and e-mailed applications will not be accepted.

NB: Fraudulent documentation will immediately disqualify any applicant. A candidate who canvasses any Councilor for preference will immediately be disqualified from the selection process.

Closing date: 13 January 2012 at 16:30. Should you not have been contacted within 30 days after the closing date you may assume that your application was unsuccessful.

Ephraim Mogale Local Municipality subscribes to the principles of Equal Opportunities and Affirmative Action.

SR Monakedi



APPLICATION FOR A BURSARY

A. Personal Details

Surname _____

First names _____

Identity No _____

Postal Address _____

Residential Address _____

Contact Number _____

B. Academic History Schooling

Highest Standard Passed _____

Year Completed _____

Name of the school _____

Subject Passed in the highest standard and symbols:

Subjects:

Symbols:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

C. Study Plan

Proposed Qualification _____

Name of Institution _____

Duration of the course _____

Subject/modules of the course: _____

Please attach the course details from the institution.

Parent/Guardian

Name of Parents/Guardian _____

Name of the Employer _____

Annual Salary _____

Please submit a salary advice of not older than three months.

DECLARATION

I _____ (*if under the age 21years Parents or Guardian*) the undersigned, hereby acknowledge that I am fully acquainted with and accept the terms and regulations of the Councils Bursary Scheme.

I hereby irrevocably authorize you that on changing or discontinuing with my studies without prior arrangements with the Council or failure to abide by the rules of the fund to recover all amounts owed by me to the Council by way of a civil claim.

BURSAR/GUARDIAN

DATE

Approved/ Not Approved

MUNICIPAL MANAGER

DATE

The following documents must be submitted with the application forms

- ❖ Copy most recent statement of results
- ❖ Copy of Salary advice for Parents/Guardian
- ❖ ID copy of the applicant and guardian
- ❖ Motivation letter for financial assistance and the chosen field of study

*NB. Payment to an institution in favour of successful candidate will only be effected upon receipt of confirmation of acceptance from such an institution.

ACKNOWLEDGMENT OF DEBT FORM

I _____ the undersigned, (*Guardian in the case the bursar is less than 21 years old*) do hereby acknowledge that I am indebted to Ephraim Mogale Local Municipality in the sum of R _____ Rand arising from and be money paid to me by the Council in terms of Study Bursary.

The terms under which bursary has been granted to me are contained in the Bursary Scheme Policy of Ephraim Mogale Local Municipality.

This done and signed at _____ on the _____

Day of _____ 20 _____ in the presence of the undersigned witnesses:

BURSAR /GUARDIAN

As witnesses:

- | | | |
|----|---------------------------|--------------------|
| 1. | _____
Name and Surname | _____
Signature |
| 2. | _____
Name and Surname | _____
Signature |