MORETELE LOCAL MUNICIPALITY

MORETELE MAYOR'S STUDY GRANT

APPLICATION FORM

(2026 Academic Year)

INSTRUCTIONS REGARDING THIS STUDY GRANT FORM

- Use block letters to complete the application form.
- Give concise answers and where applicable mark with X

Please attach certified copies of the following: -

- Identity document
- Grade 12 certificate or latest results for current grade 12 learner
- Acceptance letter & statement of fees from recognized tertiary institution.
- Motivation letter (Section 4 of the application form)
- Proof of parents or guardian income
- Proof of residence from ward councilor / tribal authority

Where did you hear about Moretele Mayor's Study Grant?

News Paper	Online	Facebook	WhatsApp	Other (Please specify)

1. PARTICULARS OF APPLICANT

SURNAME:			FULL NAMES:					
IDENTITY NUMBER:						DATE OF BIRTH:		
GENDER:	MALE		FEMALE					
RACE:	AFRICAN		COLOURED		INDIAN		WHITE	
DISABILITY	YES:	NO:	If yes, please specify the nature of disability (Below)					
CONTACT NUMBER:				ALTERNATIVE NUMBER:				
EMAIL ADDRESS:								
PHYSICAL ADDRESS:				POSTAL ADDRESS:				

2. PARTICULARS OF APPLICANT			
NB: Please attach certified copies of the latest school results, Grade 12 certificate, and or tertiary results and academic records			
What are you doing this year**:** **(Please mark with X)**	Grade 12	Tertiary Student	Gap Year
Highest Educational Qualification Obtained:			
Name of the school you are currently attending or where you completed grade 12:			
Name of tertiary you are currently registered at:			

PROPOSED PROGRAMME FOR 2026 ACADEMIC YEAR

FIRST CHOICE:	
INSTITUTION:	CAMPUS:
STUDENT NUMBER:	
SECOND CHOICE:	
INSTITUTION:	CAMPUS:
STUDENT NUMBER:	
Please attach a certified copy of acceptance letter and or statement of fees	

3. DETAILS OF PARENTS / LEGAL GUARDIAN AND FAMILY (LIVING WITH YOU)					
Attach a proof of income: Pay slip, social grant receipts etc.					
SURNAME:			FIRST NAMES:		
RELATIONSHIP:	FATHER	MOTHER	LEGAL GUARDIAN	OTHER, SPECIFY	
MARITAL STATUS:	MARRIED	DIVORCED	SEPARATED	UNMARRIED	WIDOWED
EMPLOYED:	YES	NO	PENSIONER		
NAME		Relationship (Brother. Grandparent)	Category (Child; Student; Adult)	Income (Per month)	TYPE OF INCOME (Wage; Grant pension)

4. MOTIVATION "WHY YOU MUST BE CONSIDERED FOR MORETELE MAYOR'S STUDY GRANT (Use additional page if necessary)

Completed application forms must be hand delivered to:

Special Projects Office
Moretele Local Municipality Offices
4065B Mogodi Section, Mathibestad

Closing Date:
Friday 16th January 2026

DECLARATION
I _____ hereby declare that all the information provided (including any attachments) is complete and correct to the best of my knowledge. I understand that any false information supplied could lead to my application being disqualified. **Applicant Signature: _____ Date: _____/___/20____**

Parent/Guardian Signature: _____ Date: ____/ ___ / 20____