

MORETELE LOCAL MUNICIPALITY



OFFICE OF THE MUNICIPALITY

Reference	Invitation_2025 Academic year Study Grant	MUNICIPAL OFFICES MATHIBESTAD MORETELE NORTH WEST
Contact Person	PK Moseki – 012 716 1305 / 082 823 5521 Special Project Manager	

19th November 2024

Public Notice

Invitation to Apply for the Moretele Local Municipality Mayor's Study Grant for the 2025 Academic Year.

The Moretele Local Municipality invites current Grade 12 learners and undergraduates to apply for the Mayor's Study Grant for the upcoming academic year.

Closing Date for Applications:

January 13th, 2025, at 15:00

NB: Applicants are requested to submit application form and the following certified documents: -

- ❖ Grade 11 or 12 results
- ❖ Copy of Identity Document
- ❖ Proof of admission
- ❖ Proof of Parents/Guardian income
- ❖ Parents/Guardian Identity Document
- ❖ Proof of resident
- ❖

Application Submission:

All applications must be hand-delivered to the following address:

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

We encourage all eligible students to apply. For further information, please contact the Special Projects Office at the Moretele Local Municipality.

Best of luck to all applicants!

Mr S. Ngwenya
Municipal Manager

Private Bag x367, Makapanstad 0404, Municipal Offices, 4065B Mathibestad

Tel: 012 716 1300/1305, Cell: 082 823 5521\

Email. mosekipk@gmail.com | pule.moseki@moretele.gov.za

MAYOR'S STUDY GRANT APPLICATION FORM 2025



MORETELE LOCAL MUNICIPALITY

CLOSING DATE: 13TH JANUARY 2025

**Return the completed form to this address: Special Projects Office
Moretele Local Municipality Building
4065B Mogodi Section
Mathibestad**



MORETELE LOCAL MUNICIPALITY

MAYORS STUDY GRANT APPLICATION FORM 2025

PART 1 – APPLICANT DETAILS

STUDENT NUMBER (IF APPLICABLE):

AT WHICH UNIVERSITY/INSTITUTION ARE YOU/INTENT TO STUDY?

COURSE / QUALIFICATION INTENDING TO STUDY:

MARK THE ACADEMIC YEAR YOU ARE APPLYING:	1 st Year	2 nd Year	3 rd Year	4 th Year
HAVE YOU BEEN GRANTED MORETELE MAYOR'S STUDY GRANT BEFORE?	Yes	No		

IF YES TO THE ABOVE STATE FOR WHICH DEGREE/DIPLOMA/CERTIFICATE AND THE YEAR(S) IN CONCERN:

PART 2 – APPLICANT IDetails

SURNAME:	INITIALS:	FULL NAMES:	
ID NO:	AGE:	TITLE:	GENDER:
NATIONALITY:	HOME LANGUAGE:		
DISABILITY:	YES	NO	IF YES: EXPLAIN

CONTACT DETAILS	EMAIL ADDRESS:	CELL PHONE:
		ALTERNATIVE NUMBER:

RESIDENTIAL ADDRESS:	WARD NO:
VILLAGE:	POSTAL CODE:

Please indicate if your parent(s), guardian have been or employed by Moretele Local Municipality:

SURNAME	NAME	RELATIONSHIP	DEPARTMENT	POSITION

PART 3 - EDUCATION

LATEST GRADE OBTAINED:

SUBJECTS	HG/SG	SYMBOL	SYMBOL

AGGREGATE:

TERTIARY QUALIFICATIONS

QUALIFICATIONS	INSTITUTION	MAJOR SUBJECT	YEAR

Do you currently have a scholarship, Bursary, Study or Loan?	YES	NO
Do you have NSFAS	YES	NO

PART 4 – PARENT / GUARDIAN INFORMATION

SURNAME:	INITIALS	NAMES
CELL NO:	EMAIL ADDRESS:	
RESIDENTIAL ADDRESS:		

PARENTS / GUARDIAN EMPLOYMENT DETAILS

TYPE OF EMPLOYMENT:	PERMANENT	TEMPORARY	CONTRACT	SELF-EMPLOYED	UNEMPLOYED
EMPLOYMENTS ADDRESS:	EMPLOYED FROM:				
TEL:	EMAIL:				
CITY:	PROVINCE:				
POSITION:	ANNUAL INCOME:				
NAME OF EMPLOYER:	POSITION:	PERIOD OF EMPLOYMENT:			

PART 5 - HOUSEHOLD INFORMATION

Do you live in the same household with your parents/guardian?	YES	NO
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Total number of person(s) living with you	Number of dependants	Dependants in School
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Total number of household members earning an income	Other Income
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References:

Name:	Address:	Contact No:
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DECLARATION

1. I confirm that the information supplied here-in is accurate and trustful
2. I hereby consent that the information to undergo all mandatory medical assessment as required by Moretele Local Municipality.
3. I understand that all information provided in my application may be followed-up and authorise Moretele Local Municipality to contract any relevant person or institution for relevant references.
4. I authorise any school/university/employer to provide Moretele Local Municipality with relevant information that may be useful in making decisions.
5. I hereby indemnify Moretele Local Municipality or any of its companies or staff against any claim for illness or accidental injury sustained by me during a visit to their operations, should be invited the premises.

SIGNATURE OF APPLICANT:

SURNAME & INITIALS OF APPLICANT:

SIGNATURE OF PARENT/GUARDIAN:

SURNAME & INITIALS OF PARENT/GUARDIAN:

FOR OFFICE USE ONLY

APPROVED

NOT APPROVED

CLOSING DATE: 13TH JANUARY 2025