



2026 MAYORAL UNIVERSITY REGISTRATION GRANT FORM

APPLICATION FOR UNIVERSITY REGISTRATION GRANT

Please complete this form as thoroughly as possible as this is our only indication of your potential at this stage.

Important: Not all who applied will be assisted. Terms and conditions applies.

Closing date: 15 January 2026

Submission Venue: King Cetshwayo Municipality Offices/Post

Surname: _____ **Mr./Miss/Mrs.** _____

First names: _____

Identity number: _____

Contact details Tel: _____ **Cell:** _____

Email Address: _____

Intended field of Study: _____

Name of University or College of study: _____

Year of study (e.g. I of II): _____ **Student number:** _____

Present postal address: _____

_____ **Postal Code:** _____

Physical address: _____

_____ **Postal Code:** _____

Local Municipality: _____ **Ward:** _____

4.5 Postal address: _____

_____ Postal Code: _____

4.6 Contact details: Tel: _____ Cell: _____

5. Describe in your own words why you are the best candidate for this registration grant.

I declare that the above particulars are true and correct and understand that any false or incomplete information may constitute grounds to cancel immediately.

Signature of applicant

Date

Signature of parent or guardian if applicant is minor

Date

NB: This application MUST be accompanied by the following documents:

- **Certified copy of most recent academic record/statement of results;**
- **Certified copy of South African Identity Document;**
- **Proof of residence in King Cetshwayo District (A letter with the municipality letterhead, from the Ward Councillor will be acceptable);**
- **Banking details of accepted tertiary institution; and**
- **Strictly proof of acceptance letter from a tertiary institution.**