Province of the
EASTERN CAPE
EDUCATION

2027 UNEMPLOYED BURSARY FORM



DISTRICT

- ☐ ANED
- ☐ ANWD
- ☐ AED
- ☐ AWD
- ☐ BCM
- ☐ CHED
- ☐ CHWD
- ☐ JGD
- ☐ NMBM
- ☐ ORTCD
- ☐ ORTID
- ☐ SBD

Name:_____

ID Number:_____

Student Number:_____

Institution: _____

Qualification:_____

Contact:_____

Website
www.eceducation.gov.za

Contact Us
+27(0)40 608 4222/3

Address
**Steve Vukile Tshwete Complex, Zone 6. Zwelitsha
Eastern Cape**

2027 - Unemployed Bursary Form

PART A: PERSONAL DETAILS

First Name :……

Surname :……

District/Town :……

Course : ……

Major/s : ……

Duration of the Course :…….. Year of Completion of Studies:…….. | | | | | | | | | | | | | |

Date of Birth: __ __ / __ __ / __ __ __ __ ID Number:

Gender:

Male	Female

Race:

African	Coloured	White	Indian	Other

Disability:

YES	NO

If YES, State nature of Disability: .....

……

Name of Institution of Studies:……

Student Number: | | | | | | | | | | |

Home Address:

	Postal Code				

Cell phone Number: | | | | | | | | | | |

WhatsApp Number: | | | | | | | | | | |

Have obtained a Bursary before?

YES	NO

If YES, Provide Details……

……

If any other Bursary/Bursaries received, then please specify the following:

Name of Bursary/Sponsor :……

Amount :R……

Year Granted :……

Years remaining (Including Service Obligation):……..

If Serving Bursary Obligation, indicate Years Owing:……..

PART B: BURSARY INFORMATION

ONLY AVAILABLE TO UNEMPLOYED YOUTH WHO ARE RESIDING IN THE PROVINCE OF THE EASTERN CAPE

- This Bursary is intended for Unemployed Youth between the ages of 18 and 35 years.
- This Bursary is awarded only to students who study full-time at a recognized Tertiary Institution **(Public Institution**)
- The Bursary payment will be effected directly to the Tertiary Institution and not to individual Bursary Holders.
- The Bursary is awarded on merit ad its renewal will be based on progressing to the next level.
- The Department will not pay any fees outstanding that are accrued to the Bursary Holder from previous year.
- The Bursary will cover the following: Registration and Tuition Fees, Accommodation and Meals, Stationery costs
- Applicants must have achieved a Bachelor Pass in their Grade 12 in order to qualify and receive this Bursary.
- Bursary Recipients who do not complete the specified course, who do not take up a position that was allocated to them or who do not fulfil the Bursary Obligation, will have to repay with interest, all monies paid on his/her behalf.
- Please ensure that all relevant documentation is attached (please refer to enclosed checklist)
- Application to be completed in BLOCK LETTERS in the applicant's own handwriting.
- Applicants are to complete Parts A, B, C & D

DOCUMENTS TO BE SUBMITTED WITH APPLICATION FORM

Certified Copies of:

1. South African ID
2. Matric or Equivalent Certificate
3. Any other Qualification relevant to this application
4. Documentary proof of Acceptance/Admission from a recognized Tertiary Institution (Public Institution) where intended studies are to be undertaken.
5. Proof of Disability/ medical report and functional assessment report confirming your disability.
6. Proof of dependence to a Military Veteran

Give Names and Surnames of two (2) contactable References (Not relatives)

Reference 1: Mr/Mrs :……

Telephone | | | | | | | | | | | Cell phone | | | | | | | | | | |

Reference 2: Mr/Mrs :……

Telephone | | | | | | | | | | | Cell phone | | | | | | | | | | |

PART C: DECLARATION

ATTACH THE FOLLOWING DOCUMENTATION TO THIS FORM:

PART D: DECLARATION

- I have attached / enclosed all necessary supporting documentation, as required
- I shall ensure that any examination results from the November/December session, if you are a continuing student, will be submitted to the Department on or before 13 January of the following year. (This is to update your application documents after the closing date.)
- I realise that failure to complete the Form and/or withhold Information and/or to supply requested documentation and/or results can lead to the disqualification of the application.
- I understand that I will be required to sign a Bursary Contract/Agreement if this application is successful.
- I understand that if I do not complete the Course, I will be required to pay back to the Department all monies paid on my behalf, by the Department, to the Institution.

I declare that the above information is true and correct.

Signed (Applicant):…… Date | D | D | M | M | Y | Y |

Signed (Parent/Guardian):…… Date | D | D | M | M | Y | Y |