Province of the
EASTERN CAPE
EDUCATION

2027 EMPLOYEE BURSARY FORM

TYPE OF EMPLOYEE

- ☐ EXECUTIVE MANAGEMENT
- ☐ SENIOR MANAGEMENT
- ☐ MIDDLE MANAGEMENT
- ☐ OFFICE BASED EMPLOYEES
- ☐ SCHOOL BASED EMPLOYEES

DISTRICT/HEAD OFFICE

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



Name:_____

Persal Number:_____

Name of School/Office:_____

Position:_____

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 Employee Bursary Application 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 Institution of Study :……

Student Number:

Address Work: (Institution / School / District Office)

	Postal Code				

Telephone Work:

Cell Number:

Employment Status:

PERMANENT	CONTRACT	OTHER

If Other, Please Specify :……
Current Position Held :……
Current REQV Level :……

YES	NO

Have obtained a Bursary from the Public Service before?

If YES, please specify……

If any other Bursary/Bursaries received, then please specify the following:
Name of Bursary/Sponsor :……
Amount : R……
Year/s Granted :……
Years remaining (Including Service Obligation):……
If Serving Bursary Obligation, indicate Years Owing:……

PART B: BURSARY INFORMATION

ONLY AVAILABLE TO OFFICIALS OF THE DEPARTMENT

- **FOR PART-TIME STUDENTS AT TERTIARY INSTITUTIONS (PUBLIC INSTITUTIONS ONLY)**
- **CLOSING DATE: 02 DECEMBER 2026**
- **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.**
- **Applicants must ensure that they meet the minimum requirements before applying for the intended Bursary.**
- **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 ID Copy**
- ☐ **Proof of Residence**
- ☐ **Copy of Matric Certificate**
- ☐ **Most recent Academic Transcript**

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: COURSE DETAILS

1. **Highest Qualification :……**
2. **Major Subjects:……..**
3. **Phase :……**

Name of Course Applying for:

……

……

State any Tertiary Qualifications Previously Obtained:

1. **……**
2. **……**
3. **……**

Give reason why you want to complete this course and explain how you think it will benefit the Department:

……

……

……

……

……

……

……

……

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**

PART E: APPROVAL

MARK WITH AN "X"		**EDO/SCHOOL PRINCIPAL (SCHOOL-BASED EMPLOYEE)**	**DATE:**
RECOMMENDED			
NOT RECOMMENDED		**Name:**	**__ __ / __ __ / __ __ __ __**
		Signature:	
If Not Recommended, Please Specify Reasons:			

MARK WITH AN "X"		**SECTION HEAD (OFFICE-BASED EMPLOYEE)**	**DATE:**
RECOMMENDED			
NOT RECOMMENDED		**Name:**	**__ __ / __ __ / __ __ __ __**
		Signature:	
If Not Recommended, Please Specify Reasons:			

MARK WITH AN "X"		DISTRICT BURSARY COORDINATOR	DATE:
RECOMMENDED			
NOT RECOMMENDED		Name:	__ __ / __ __ / __ __ __ __
		Signature:	
If Not Recommended, Please Specify Reasons:			

MARK WITH AN "X"		DIRECTOR: HRD	DATE:
RECOMMENDED			
NOT RECOMMENDED		Name:	__ __ / __ __ / __ __ __ __
		Signature:	
If Not Recommended, Please Specify Reasons:			