



2023 UNEMPLOYED BURSARY FORM

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

Name:

Persal Number:

Name of School / Office:

Position:

Contact Details:

.....

HUMAN RESOURCE DEVELOPMENT
SKILLS DEVELOPMENT

Steve Vukile Tshwete Complex, Zone 6, Zwelitsha, 5608
Private Bag X0032, Bisho, 5605, REPUBLIC OF SOUTH AFRICA
Enquiries: Mr M. Ncapayi / Mrs N. Mkosi Tel: +27 (0)40 608 4552 / 4340
Fax: 040 608 4690 Website: www.ecdoe.gov.za

PART A: PERSONAL DETAILS

First Names	:
Surname	:
District / Town	:
Course	:
Major/s	:
Duration of Course	:
Year of Completion of Studies	:

Date of Birth:	<table><tr><td>Y</td><td>Y</td><td>M</td><td>M</td><td>D</td><td>D</td></tr></table>	Y	Y	M	M	D	D	ID Number:	<table><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																
Y	Y	M	M	D	D																				

Gender:	<table><tr><td>MALE</td><td>FEMALE</td></tr></table>	MALE	FEMALE
MALE	FEMALE		

Race:	<table><tr><td>AFRICAN</td><td>COLOURED</td><td>INDIAN</td><td>WHITE</td><td>OTHER</td></tr></table>	AFRICAN	COLOURED	INDIAN	WHITE	OTHER
AFRICAN	COLOURED	INDIAN	WHITE	OTHER		

Disability:	<table><tr><td>YES</td><td>NO</td></tr></table>	YES	NO	If YES, state nature of Disability:.....
YES	NO			
.....				

Name of Institution of Studies	:
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Student Number:	<table><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>												

Home Address	<table><tr><td>.....</td></tr><tr><td>.....</td></tr></table>
.....			
.....			

Telephone Work:	Code	<table><tr><td></td><td></td><td></td></tr></table>				Number	<table><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>								

Telephone Home:	Code	<table><tr><td></td><td></td><td></td></tr></table>				Number	<table><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>								

Cellular Number:	<table><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										

Have you Obtained a Bursary before?	<table><tr><td>YES</td><td>NO</td></tr></table>	YES	NO
YES	NO		

If YES, Provide Details	:
.....		

If Any Other Bursary / Bursaries Received, then Indicate the following:

Name of Bursary/Sponsor:
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Amount	:
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Year Granted	:
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Years Remaining (Including Service Obligation):
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If Servicing Bursary Obligation, Indicate Years Owing:
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PART B: BURSARY INFORMATION

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

SELECTION CRITERIA:

- This bursary is awarded only to students who study full-time at a recognized tertiary institution
 - The bursary payment will be effected directly to the tertiary institution and not to individual bursary holders
 - The bursary is awarded on merit and 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 the previous year
 - The bursary will cover the following: Registration and Tuition fees, Accommodation, Meals and Stationary costs.
 - Applicants must have achieved a bachelor pass in their Grade 12 in order to receive this bursary
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- This bursary is intended for Unemployed Youth between the ages 18 and 35.
 - Please ensure that all relevant documentation is attached. (refer to enclosed checklist)
 - Application to be completed in block letters in applicant's own handwriting
 - Applicants are to complete parts: A, B and C.

DOCUMENTS TO BE SUBMITTED WITH APPLICATION FORM

- Certified copies of:**
1. South African ID
 2. Matric or equivalent certificate
 3. Any other qualifications relevant to this application
 - 4.
 5. Proof of dependency to a Military Veteran.

Give Names and Surnames of two (2) Contactable References (not relatives)

Telephone:

Cell:

Telephone:

Cell:

PART C: DECLARATION



- 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:

Y	Y	M	M	D	D
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Signed (Guardian):

Date:

Y	Y	M	M	D	D
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