

# 2025 UNEMPLOYED BURSARY FORM

Province of the

EDUCATION

EASTERN CAPE

# DISTRICT

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- ANWD
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- CHED
- CHWD
- 🗌 JGD

- SBD

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Name:	
ID Number:	
Student Number:	<u></u>
Institution:	
Qualification:	
Contact:	



Website www.eceducation.gov.za

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

owt

department of

education



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



### 2025 - Unemployed Bursary Form

PART A: PERSONAL DETAILS	P/	ART	A: PE	RSONAL	DETAILS
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First Name		:						 					 				
Surname		:						 					 				
District/Town		:						 					 				
Course		:						 					 				
Major/s		:						 					 				
Duration of the Co	ourse	:					Year										
of Completion of S	Studies:						[										
Date of Birth:	_ /	_/			IC	D Num	ber:					1	l	L			
Conder	Male	Fema	ale														
Gender:																	
Race:	African	Color	ured	White	India	an	Other										
Disability:	YES N	10															
If YES, State natu	ire of Disa	ability: .						 					 				
								 				•••••	 		•••••		
Name of Institutio	n of Studi	es:						 					 		•••••		
Student Number:	ſ											7					
Home Address:	L																
									Posta	al Co	de					_	
Cell phone Numb	er:							•				-					
WhatsApp Numbe	L		I														





lphondo leMpuma Kapa: Isebe leMfundo Provinsie van die Oos Kaap: Department van Onderwys Porafensie Ya Kapa Botjahabela: Lefapha la Thuto

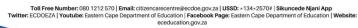
Have obtained a Bursary before?

NDP



	rsaries received, then please specify the following:
Name of Bursary/Spons	sor :
Amount	:R
Year Granted	·
Years remaining (Incluc	ling Service Obligation):
If Serving Bursary Oblig	gation, 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







Iphondo leMpuma Kapa: Isebe leMfundo
Provinsie van die Oos Kaap: Department van Onderwys
Porafensie Ya Kapa Botiahabela: Lefapha la Thuto

#### 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 will be submitted to the Department on or before 13 January of the following year.
- 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	Υ	Υ



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