



Province of the

EASTERN CAPE

EDUCATION

2026

UNEMPLOYED BURSARY FORM

DISTRICT

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



building blocks for
growth
department of
education

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



2026 - Unemployed Bursary Form

PART A: PERSONAL DETAILS

First Name :

Surname :

District/Town :

Course :

Major/s :

Duration of the Course : Year

of Completion of Studies:.....

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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:

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Home Address:

															Postal Code				

Cell phone Number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

WhatsApp Number:

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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 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 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
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Signed (Parent/Guardian):..... Date

D	D	M	M	Y	Y
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