

## APPLICATION FOR A BURSARY

### INSTRUCTIONS

1. Read all instructions carefully before completing, signing and submitting this form.
2. Ensure that Bursary form is completed in full.
3. Complete in Block Letters.
4. Ensure that the form is duly signed.
5. Application forms with incomplete information will not be considered.
6. Application forms with incorrect information will lead to your application being disqualified.

### EWSETA BURSARY COVERS THE FOLLOWING:

- Tuition fees - Statement of Account
- Books and Stationery from approved university/TVET College bookstores - Supported by university/TVET textbooks and stationery list
- Accommodation - accredited with University/TVET College
- Meals

**NB:** Authentic supporting documents will be required to be submitted to EWSETA as these are used as evidence of costs to facilitate payment.

### CRITERIA

Applicants need to meet the following criteria in order to be considered for the bursary:

- Must be in possession of matriculation certificate or equivalent (first year university or TVET College students) and previous results/academic records for second- and third-years students
  - Relevant qualification prerequisite for post graduate applicants
  - Preference will be given to South African citizens from previously disadvantaged communities (youth, black, women and people with disabilities)
  - Proof of household annual income.
- Qualifications that will be considered are those that respond to and are aligned with the EWETA's Sector Skills Plan (SSP) with emphasis on the EWSETA strategic thrust, Chapter 3 on hard to fill lists plus the Sectoral Priority Occupation List that can be found on our website [www.ewseta.org.za](http://www.ewseta.org.za)

### THE FOLLOWING DOCUMENTS MUST BE ATTACHED:

1. A **certified copy** of a valid matriculation certificate or qualifications (mandatory to all relevant applicants)
2. A **certified copy** of identity document (mandatory)
3. If currently studying, full academic records must be attached (mandatory to all relevant applicants)
4. For first time applicants, attach copy of proof of application and/or provisional acceptance letter offer from university/TVET College (The EWSETA notes that these may not be available at time of application, however it will be required as part of key application process)
5. Any other information and/or documentation requested by EWSETA in support of the application
6. **Closing date for all application is 31 January 2021.**

**NB:** Authentic supporting documents will be required to be submitted to EWSETA as these are used to validate applications

**Submit application form by email: [bursaries@ewseta.org.za](mailto:bursaries@ewseta.org.za) or post to:**

The EWSETA  
P.O Box 1273  
Houghton  
2041

### OR HAND DELIVER TO:

|   |  |
|---|--|
| <b>EWSETA HEAD OFFICE (GAUTENG, LIMPOPO AND MPUMALANGA)</b><br>32 PRINCESS OF WALES TERRACE<br>SUNNYSIDE OFFICE PARK, BUILDING B<br>JOHANNESBURG<br>2000  |  |
| <b>EWSETA WESTERN / EASTERN CAPE PROVINCIAL OFFICE</b><br>FALSE BAY COLLEGE WESTLAKE CAMPUS<br>WESTLAKE DRIVE<br>WESTLAKE<br>CAPE TOWN<br>7945            | <b>EWSETA NORTH WEST PROVINCIAL OFFICE</b><br>REITZ STREET NORTH<br>(ORBIT TVET COLLEGE - BRITS CAMPUS)<br>BRITS<br>0250                           |
| <b>EWSETA NORTH WEST PROVINCIAL OFFICE</b><br>TALETSO TVET COLLEGE<br>LEAH MANGOPE HIGHWAY BETWEEN LEHURUTSHE FIRE STATION AND HOSPITAL<br>LERATO<br>2880 | <b>EWSETA FREE STATE/NORTHERN CAPE PROVINCIAL OFFICE</b><br>MOTHEO TVET CENTRAL OFFICE<br>C/O ST GEORGES AND ALIWAL STREET<br>BLOEMFONTEIN<br>9300 |

## BURSARY APPLICATION FORM

| SECTION 1 - LEARNER/PERSONAL INFORMATION <sup>1</sup>   |  |  |  |  |                          |  |   |  |       |  |
|---|--|--|--|--|--------------------------|--|---|--|-------|--|
| Title:  | <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Other - (Specify):   |  |  |  |                          |  |   |  |       |  |
| First Names:  |  |  |  |  |                          |  |   |  |       |  |
| Middle Name(s):   |  |  |  |  |                          |  |   |  |       |  |
| Surname:  |  |  |  |  |                          |  | Employed:   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No      |       |  |
| Identity No:  |  |  |  |  |                          |  | Type of ID:   | <input type="checkbox"/> RSA<br><input type="checkbox"/> Non-RSA |       |  |
| Nationality:  | <input type="checkbox"/> RSA <input type="checkbox"/> Other   (Specify):<br><i>If OTHER, attach certified copies of documents indicating your status e.g. Permanent residence, Study permit, etc.</i>  |  |  |  |                          |  |   |  |       |  |
| Date of birth:  |  |  |  |  |                          |  | (ccyy/mm/dd)  | Age:   |       |  |
| Gender:   | <input type="checkbox"/> Male <input type="checkbox"/> Female  |  |  |  |                          |  |   |  |       |  |
| Population Group  | <input type="checkbox"/> African <input type="checkbox"/> Coloured <input type="checkbox"/> Indian <input type="checkbox"/> White <input type="checkbox"/> Other (Specify):  |  |  |  |                          |  |   |  |       |  |
| Do you have a disability <sup>2</sup> , as contemplated in the Employment Equity Act 55 of 1998 <sup>2</sup> ?  |  |  |  |  |                          |  | <input type="checkbox"/> No <input type="checkbox"/> Yes (Specify): |  |       |  |
| LEARNER CONTACT DETAILS: (You <u>must</u> provide at least one phone number where you can be reached. Both physical AND postal addresses <u>MUST</u> be completed.) |  |  |  |  |                          |  |   |  |       |  |
| Tel No (H):   |  |  |  |  | Tel No (W):              |  |   |  |       |  |
| Mobile No:  |  |  |  |  | Fax No:                  |  |   |  |       |  |
| E-mail:   |  |  |  |  |                          |  |   |  |       |  |
| Postal Address:   |  |  |  |  |                          |  |   |  |       |  |
|   |  |  |  |  |                          |  |   |  | Code: |  |
| Residential Address:  |  |  |  |  |                          |  |   |  |       |  |
| Rural/Urban Area?   |  |  |  |  |                          |  |   |  | Code: |  |
| Local/District Municipality:  |  |  |  |  |                          |  |   |  |       |  |
| Province:   | <input type="checkbox"/> Eastern Cape <input type="checkbox"/> Free State <input type="checkbox"/> Gauteng <input type="checkbox"/> KwaZulu-Natal <input type="checkbox"/> Limpopo<br><input type="checkbox"/> Mpumalanga <input type="checkbox"/> Northern Cape <input type="checkbox"/> North West <input type="checkbox"/> Western Cape |  |  |  |                          |  |   |  |       |  |
| LEARNER GENERAL DETAILS:  |  |  |  |  |                          |  |   |  |       |  |
| Highest School Qualification:   |  |  |  |  |                          |  |   |  |       |  |
| Highest Qualification:  |  |  |  |  |                          |  |   |  |       |  |
| Home Language:  |  |  |  |  |                          |  |   |  |       |  |
| SECTION 2 - PROVIDER DETAILS: (MUST be completed)   |  |  |  |  |                          |  |   |  |       |  |
| Name of Learning Institution:   |  |  |  |  |                          |  |   |  |       |  |
| Accreditation Number: (if applicable)   |  |  |  |  | Private/Public Provider: |  |   |  |       |  |
| CONTACT PERSON:   |  |  |  |  |                          |  |   |  |       |  |
| Surname:  |  |  |  |  | Name/s:                  |  |   |  |       |  |
| Tel No:   |  |  |  |  | Fax No:                  |  |   |  |       |  |
| E-mail:   |  |  |  |  |                          |  |   |  |       |  |

<sup>1</sup> Consent and Declaration  
DISCLOSURE OF PERSONAL INFORMATION

Information provided will solely be used for the EWSETA reporting purposes and will not be provided to the third party without the prior consent of the beneficiary. The EWSETA commits to handle the beneficiary personal information in accordance with the provisions of the POPI Act.

<sup>2</sup>The Employment Equity Act, 55 of 1998, defines a *disability* as a long-term or recurring physical or mental impairment, which substantially limits prospects of entry into, or advancement in, employment.

| SECTION 3 - PROGRAMME DETAILS |  |  |  |  |  |  |  |  |  |              |  |          |
|-------------------------------|--|--|--|--|--|--|--|--|--|--------------|--|----------|
| Qualification as per OFO      |  |  |  |  |  |  |  |  |  | NQF Level    |  | OFO Code |
|                               |  |  |  |  |  |  |  |  |  |              |  |          |
| Learner Enrolment Date:       |  |  |  |  |  |  |  |  |  | (ccyy/mm/dd) |  |          |
| Programme Start Date:         |  |  |  |  |  |  |  |  |  | (ccyy/mm/dd) |  |          |

| SECTION 4 - EMPLOYER DETAILS                                  |  |   |  |  |  |         |  |  |  |  |  |
|---|--|---|--|--|--|---------|--|--|--|--|--|
| <i>(This Section MUST be completed for employed learners)</i> |  |   |  |  |  |         |  |  |  |  |  |
| Name of the Employer:   |  |   |  |  |  |         |  |  |  |  |  |
| Employer SDL Number:  |  | L |  |  |  |         |  |  |  |  |  |
| <b>CONTACT PERSON:</b>  |  |   |  |  |  |         |  |  |  |  |  |
| Surname:  |  |   |  |  |  | Name/s: |  |  |  |  |  |
| Tel No:   |  |   |  |  |  | Fax No: |  |  |  |  |  |
| E-mail:   |  |   |  |  |  |         |  |  |  |  |  |

| SECTION 5 - DECLARATION BY APPLICANT (MUST be completed)   |  |
|--|--|
| <p>I, _____ (full names), declare, to the best of my knowledge, that all the information provided is Complete and correct. Signed at _____ on this, the ____ day of _____ year ____.</p> <p>_____</p> <p>Applicant Signature</p> |  |