

32 Cowan Close | Stellenbosch Park | Schornville | King William's Town | Eastern Cape Private Bag X0023 | Bhisho | 5605 | REPUBLIC OF SOUTH AFRICA Tel: 043 604 7400| | Website: www.ectransport.gov.za

BURSARY APPLICATION FORM FOR FULL TIME HIGHER EDUCATION STUDY 2024 ACADEMIC YEAR

NAME AND SURNAME	
CONTACT DETAILS	

Important :

- a) Please **PRINT** when completing the form (**BLACK INK**)
- b) Mark appropriate blocks with an "X"
- c) This Bursary is intended for the unemployed youth between 18 and below 35 of age
- d) Applicants must be South African citizen residing in the Eastern Cape
- e) Failure to complete the form fully and correctly will disqualify the application.
- f) Late applications will not be considered
- g) Checklist of documents to be submitted

Certified Documents attached	Tick √
ID Сору	
Matric or equivalent certificate	
Admission letter from the intended recognized higher	
institution	
Proof of Income (Pay slip) or sworn affidavit (if parents are	
not working or self-employed for both parents or Legal	
guardian	
Proof of residence, please attach municipality bill	
Motivation letter from the Applicant	

00000000

NB: CLOSING DATE: 28 FEBRUARY 2024

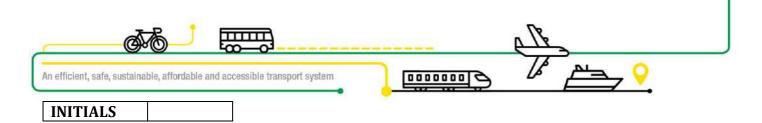
An efficient, safe, sustainable, affordable and accessible transport system

a 76



SECTION A: DETAILS OF THE APPLICANT AND PLANNED COURSE OF STUDY

1.Iden	tity number										Attached a certified copy)	2.Date of Birth	D/M/Y	3. Languag	je	
4(a)	Surname													4(b) Tittle		
5	First Names													L		
6	Present Postal	addre	ss								8. Permanent ad	dress				
	Postal Code					Postal code										
7	Telephone number (Code)					9. Telephone number (code)										
10					11. Email address:											
											Note: Section 14 included in terms of the Employment Equity Act of 1998 No 55 of 1998 its definition of the designated group					
12(a)	Are/ were you i	n rece	ipt of	anoth	er sta	ate bı	ursar	y/lo	ban		13(a)		MALE	FEMALE		
	YES Ja			NO Nee							14(b)	BLACK	COLOURED	INDIAN	WHITE	
	If "Yes" Furnis	h parti	icular	s belov	w						14(c) Disability		YES	NO		
	13(b) Name of <i>I</i>	Author	rity								lf "Yes" Furnish	particulars				
	Nature of Oblig	ations	\$						an	d	15. Name of deg	ree/ Diplom	a for which bur	sary is need	ed	
	Fulfillment of Obligations			16. At which Institution /University are you / do you intend studying?												
											17. For how many years do you need the bursary?yrs					





I DETAILS	
d	
·	-
ualification	
: e.g. 1 st year, 2 nd Year	
N BY APPLICANT	
nclosed all necessary su e to complete the form a or to supply requested d disqualification of the a bove information is com	ocumentation and /or pplicant.
Initial	Date
	: e.g. 1 st year, 2 nd Year <u>ON BY APPLICANT</u> nclosed all necessary su e to complete the form a or to supply requested d o disqualification of the a above information is com

