

Bursary Application Form 2017 (Unemployed Youth)

YEAR:

2017

PART A: PERSONAL DETAILS

District/Town : _____
 Surname : _____
 First Names : _____
 Course : _____
 Major/s : _____
 Duration of Course : _____
 Year of completion of studies: 20..... (the actual year)

Date of birth:

Y	Y	M	M	D	D
---	---	---	---	---	---

 ID Number:

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

Age:

GENDER: (Tick ✓):

Male	Female
------	--------

RACE:

AFRICAN	COLOURED	INDIAN	WHITE	OTHER
---------	----------	--------	-------	-------

DISABILITY:

YES	NO
-----	----

 If Yes, state nature: _____

Name of Institution of Studies: _____

STUDENT NUMBER

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

ADDRESS

Work (Institution - School, district Office):

Home:

TELEPHONE:

Work: Code Number

Home:

Cellular No.:

Have you obtained a bursary from the Public Service before? Yes No

If yes, provide details:

If any other bursary/bursaries received, then indicate the following:

Name of Bursary/Sponsor: _____

Amount: _____

Year granted: _____ **Bursary period:** _____

Years remaining (including service obligation): _____

If servicing bursary obligation, indicate years owing: _____

PART B: BURSARY INFORMATION

Only available to unemployed youth who are residing in the Province of the Eastern Cape

- For part-time or full-time studies at a tertiary institution.
- **CLOSING DATE: 21 OCTOBER 2016**
- The bursary payment will not exceed the maximum amount as per contract and will only be paid for the minimum period specified in the contract.
- 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.
- Applicants must ensure that they meet the minimum requirements before applying for the intended bursary.
- Please ensure that all relevant documentation are attached (refer to enclosed checklist).
- Application to be completed in block letters in applicant's own handwriting.
- Applicants are to complete Parts A, B, C & D.
- Part E is to be completed by the guardian or parent of the applicant.

DOCUMENTS TO BE SUBMITTED WITH APPLICATION FORM: Certified copies of:

1. Certified South African ID
2. Certified Matric or equivalent certificate
3. Any other qualification/s relevant to this application
4. Documentary proof of acceptance/admission from the tertiary institution where intended studies is to be undertaken, and Statement of Account/Study Fees including course material, residence and catering costs
5. Any other relevant information that might support your application

Give Names & Surnames of two contactable references (not relatives):

Mr/Ms _____ Tel _____ Cell. _____

Mr/Ms _____ Tel _____ Cell. _____

PART C: COURSE DETAIL

Name of course applied for: _____

MODULE/SUBJECT FOR CURRENT YEAR OF STUDY(attach proof of fees)

	MODULES/SUBJECTS	Cost
1		
2		
3		
4		
	TOTAL AMOUNT TO BE PAID FOR 2017	

State any Tertiary Qualifications Previously Obtained:

(1) _____

(2) _____

(3) _____

Give reasons why you wish to complete this course and explain how you think it will benefit the Department:

Attach the following documentation to this form:

Motivation letter from the applicant stating the applicability of the course to the Department and the reasons why the applicant should be considered above other potential candidates.

Estimated costs per subject for the relevant academic institution, together with the institution's requirements for the combination of subjects to obtain the qualification

Copy of the outcome of the preliminary screening by the academic institution, if required for admission to the course.

PART D: DECLARATION

I have attached/enclosed all necessary supporting documentation, as requested

I shall ensure that any results of examinations still to be written in November/December this year will be submitted to the Department before 15 January, of the year of commencing studies

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 applicant.

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:**

2	0	1	6
---	---	---	---

M	M
---	---

D	D
---	---

Signed (Guardian/Parent): _____ **Date:**

2	0	1	6
---	---	---	---

M	M
---	---

D	D
---	---

PART E: RECOMMENDATION

RECOMMENDED/NOT RECOMMENDED	DISTRICT TRAINING COORDINATOR (Name): (Signature:	DATE:
(If not, REASON/S)		
RECOMMENDED/NOT RECOMMENDED	DISTRICT DIRECTOR Name: Signature:	DATE:
(If not, REASON/S)		
APPROVED/NOT APPROVED	DIRECTOR: HUMAN RESOURCE DEVELOPMENT Name:..... Signature:.....	DATE
(If not, REASON/S)		