



Province of the
EASTERN CAPE
TRANSPORT

BURSARY APPLICATION FOR FULL-TIME AND PART-TIME HIGHER EDUCATION STUDY

2022

Important

- (i) Please PRINT when completing the form. (BLACK INK)
- (ii) Mark appropriate blocks with an "X".
- (iii) Failure to complete this application form fully and correctly will disqualify the application. The Department cannot undertake to obtain particulars, which are lacking.
- (iv) Post the application to THE DIRECTORATE: HUMAN RESOURCE DEVELOPMENT, BURSARIES SECTION, DEPARTMENT OF TRANSPORT, PRIVATE BAG X0023, BISHO 5608
- (v) Proof of income (payslip) from both parents. If not available, please submit affidavit
- (vi) Checklist of documents to be submitted:
 1. Certified copy of ID document (NOT APPLICABLE TO DEPARTMENTAL PERSONNEL)
 2. Full study record for the current year of study including marks attained in the most recent semester examination (if currently studying at a Higher Education Institution)
 3. Certified copy of the approval of your application
 4. Certified copy of the approval of your application for leave of absence for study purposes. (APPLICABLE TO DEPARTMENTAL PERSONNEL APPLYING FOR FULL TIME STUDIES)
 5. Payslip from parents or affidavit

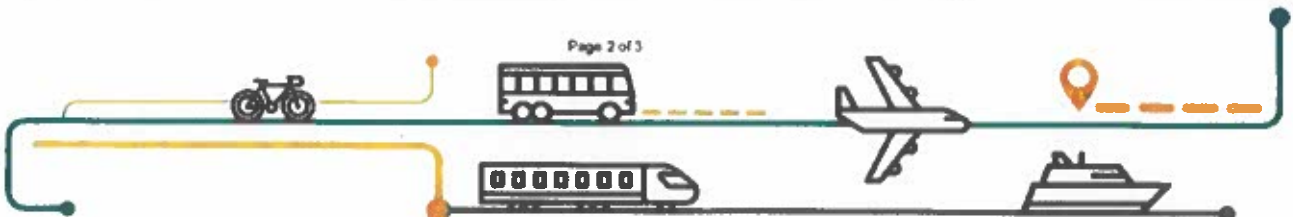
Applicant Name _____

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SECTION A: DETAILS OF APPLICANT AND PLANNED COURSE OF STUDY

1. Identity Number		<i>(Attach a certified copy)</i>	2. Date of Birth		3. Language														
4 (a) Surname					4 (b) Title														
5. First names																			
6. Present postal address			8. Permanent postal address																
.....																		
.....																		
Postal Code			Postal Code																
7. Telephone Number			9. Telephone Number																
Code			Code																
10. Cell Phone Number			11. E-mail Address																
.....																		
12. Fax Number			Note: Section 14 is included in terms of the Employment Equity Act of 1998 No.55 of 1998 and its definition of designated groups.																
13 (a) Are/were you in receipt of another state bursary/aan			14 (a)																
<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; padding: 5px; text-align: center;">Yes Ja</div> <div style="border: 1px solid black; padding: 5px; text-align: center;">No Nee</div> </div>			<table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 50%;"></td> <td style="width: 25%;">Male</td> <td style="width: 25%;">Female</td> </tr> <tr> <td>14 (b)</td> <td>Black</td> <td>Coloured</td> <td>Indian</td> <td>White</td> </tr> <tr> <td>14(c) Disability</td> <td colspan="2">Yes</td> <td colspan="2">No</td> </tr> </table>					Male	Female	14 (b)	Black	Coloured	Indian	White	14(c) Disability	Yes		No	
	Male	Female																	
14 (b)	Black	Coloured	Indian	White															
14(c) Disability	Yes		No																
If "YES" furnish particulars below			If "YES" furnish particulars																
13 (b)(i) Name of authority			15 Name of degree / diploma for which bursary is needed																
.....																		
(ii) Nature of obligations			16. At which university/institution are you/do you intend studying?																
.....and																		
(iii) Fulfilment of obligations			17. For how many years do you need the bursary (see 19(a)(iv) yr(s)																
.....			18 Was your application for leave of absence for study purposes approved (Departmental personnel)?																
.....			<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; padding: 5px; text-align: center;">Yes</div> <div style="border: 1px solid black; padding: 5px; text-align: center;">No</div> </div>																



SECTION B: EDUCATION DETAILS

19(a) University and other post school training	
(i) Qualification/s already obtained	
(ii) At present enrolled for the	Degree / Diploma / Qualification
(iii) Present year of study	
(iv) Minimum (remaining) duration of the intended study as prescribed by educational institution with effect from the following academic year Year/s	
(v) When did you commence university studies?	(vi) Registration Number

SECTION C: DETAILS OF EMPLOYMENT (Departmental Personnel)

20 (a). Persal Number	_____
(b) Rank :	_____
(c) Facility / Directorate:	_____
(d) WorkPlace, i.e. Admin, Nursing, OT:	_____
(e) Region	_____

SECTION D: MOTIVATION BY MANAGER

21. Name of Manager/ Position

Motivation for attending the Study Program How will this program be of value to the Department and to the applicant?

Signature of Immediate Supervisor / Manager _____ Date _____

SECTION E: DECLARATION BY APPLICANT

22. I declare that the above information is complete and correct and that the applicant intends making his/her services available to the Department of Roads and Transport upon obtaining the qualification for which the bursary is granted.

Signature of applicant _____ Date _____

