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Private Bag X0023 | Bhisho | 5605 | REPUBLIC OF SOUTH AFRICA  
Tel: 043 604 7400 | Website: [www.ectransport.gov.za](http://www.ectransport.gov.za)

## BURSARY APPLICATION FORM FOR FULL TIME HIGHER EDUCATION STUDY 2026 ACADEMIC YEAR

|                         |  |
|-------------------------|--|
| <b>NAME AND SURNAME</b> |  |
| <b>CONTACT DETAILS</b>  |  |

### 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

| <b>Certified Documents attached</b>   | <b>Tick</b> |
|---|-------------|
| ID Copy   | ✓           |
| 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  |             |

**NB: CLOSING DATE : 27 JANUARY 2026**



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

|   |   |  |       |                  |            |             |  |
|---|---|--|-------|------------------|------------|-------------|--|
| 1. Identity number  |   | Attached a certified copy)   |       | 2. Date of Birth | D/M/Y      | 3. Language |  |
| 4(a)  | Surname   |  |       |                  | 4(b) Title |             |  |
| 5   | First Names   |  |       |                  |            |             |  |
| 6   | Present Postal address  | 8. Permanent address   |       |                  |            |             |  |
|   |   |  |       |                  |            |             |  |
|   |   |  |       |                  |            |             |  |
|   | Postal Code   | Postal code  |       |                  |            |             |  |
| 7   | Telephone number<br>(Code)  | 9. Telephone number<br>(code)  |       |                  |            |             |  |
| 10  | Cell phone number   | 11. Email address:   |       |                  |            |             |  |
| <i>Note: Section 14 included in terms of the Employment Equity Act of 1998 No 55 of 1998 its definition of the designated group</i> |   |  |       |                  |            |             |  |
| 12(a)   | Are/ were you in receipt of another state bursary/loan                | 13(a)  | MALE  | FEMALE           |            |             |  |
|   | <input type="checkbox"/> YES<br>Ja <input type="checkbox"/> NO<br>Nee | 14(b)  | BLACK | COLOURED         | INDIAN     | WHITE       |  |
|   | If "Yes" Furnish particulars below                                    | 14(c) Disability   | YES   | NO               |            |             |  |
|   | 13(b) Name of Authority _____   | If "Yes" Furnish particulars   |       |                  |            |             |  |
|   | Nature of Obligations _____ and                                       | 15. Name of degree/ Diploma for which bursary is needed                |       |                  |            |             |  |
|   | Fulfillment of Obligations _____<br>_____                             | 16. At which Institution /University are you / do you intend studying? |       |                  |            |             |  |
|   |   | 17. For how many years do you need the bursary? ____ yrs               |       |                  |            |             |  |



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**SECTION B: EDUCATION DETAILS**

18.(a) Year Matric Passed \_\_\_\_\_

(b) Currently studying: Qualification \_\_\_\_\_

(c) Present year of study: e.g. 1<sup>st</sup> year, 2<sup>nd</sup> Year \_\_\_\_\_

(d) Student number \_\_\_\_\_

**SECTION C: DECLARATION BY APPLICANT**

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- I have attached /enclosed all necessary supporting documentation as requested
- I realize that failure to complete the form and /or withhold information and / or to supply requested documentation and /or results can lead to disqualification of the applicant.
- I declare that the above information is complete and correct

Signature

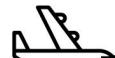
Initial

Date

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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