

Annexure A1 2020

Other, specify

## **BURSARY APPLICATION FORM**-Full-time Postgraduate Studies-

## Instructions to applicants

- Closing date: 30 September 2019
- Use block letters to complete the form
- Give concise answers and, where applicable, mark with an X.
- · This form may only be used by persons who are not staff members of the department
- Attach a recent copy of your ID, academic records and copies of qualification/certificates
- · Incomplete or late applications will not be considered
- Forward application to:

Newspaper

The Director
Sector Education and Training
Department of Agriculture, Forestry and Fisheries
Private Bag X250
PRETORIA
0001

University staff

How did you learn about Department of Agriculture, Forestry and Fisheries bursaries?

Friend

A. Partic	ulars	of app	licant											
TitleFirst names														
Male	Fa	male												
Identity Nur	mber													
African	Co	loured		Indiar	1	Whit	е							
Nationality						Р	rovin	ce						
Municipality						Area								

Career awareness

Disability Yes No												
If YES, state nature of disability												
Marital status	Home language											
Postal address	Residential address											
Postal code	Postal code											
E-mail	Cellphone											
Tel no. (h)	Code											
Tel no. (w)	Code											
Fax no.	Code											
NB: Full certified copies of academic records must  If you are not currently enrolled at an educational ir	be attached for each degree/diploma nstitution, please indicate below what you are doing at present.											
B.TECH STUDY HONOURS STUDY	for which you wish to receive the bursary  MASTERS STUDY DOCTORAL STUDY											
Degree, e.g., B.Sc. Agric. (Hons)	tend studying?											
Proposed topic												
Mark the academic year of study for which you are	e applying 1 2 3 4											

Short description	or title of proposed re	search project									
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Details of the res	search proposal. Indica	ite the problem and the impor	tance of your study (research) to society								
D Research e	xperience and ou	tout									
	-	-	and the name of the journal or conference								
	was published or prese		,								
Article title											
Authors											
Journal name/Co	nference name	Date publish	ned/presented								
Article title											
Authors											
Journal name/Co	nference name	Date publish	Date published/presented								
E. Income sta	tus										
·											
Guardian's occup	ation										
Mark your combin	ned parents or guardia	ns income (R)									
<5 000	5 001–15 000	15 001 and above	Attach proof of income for both parents and proof of income from SASSA								
No. of other dene	endents still living at bo	me									
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F. Details of	parents,	/guardi	ian/n	ext of	f kin														
Title	. S	urname																	
Initials																			
Identity Number																			
Relationship	Relationship Mother Father Other, specify																		
Postal address	Residential address																		
Postal code						Postal code													
E-mail	1 1					Cell	nhone	no											
Tel no. (h)						Cellphone no													
Tel no. (w)						Code													
Fax no						Code													
<ul> <li>Identity doc</li> <li>Identity doc</li> <li>Identity doc</li> <li>Death certified co</li> <li>Academic r</li> <li>Family inco</li> <li>SASSA cor</li> <li>Admission I</li> </ul>	eument (A) eument (Pa ficates (If a pies of qu ecords me (Salar offirmation	pplicant) arents/G applicab alification	uardia le) ns e not ol	n) der th			;)												
H. Declaration I certify that the abide by the reg	information			is appl	licatior	n is cor	rect ar	nd that	t, if I a	m aw	arded	lab	oursar	y, I v	vill				
Signature						Date													
If still a minor, s	signature c	of parents	s/guard	ian															
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