

Annexure A1 2022

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

## Instructions to applicants

- Closing date: 31 October 2021
- 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 ONLY ONE of the following addresses:

The Director
Sector Education and Training
Department of Agriculture, Land Reform and Rural Development
Private Bag X250

PRETORIA 0001 Agriculture Place 20 Steve Biko (Former Beatrix) Street Arcadia, Pretoria 0002

Email address: Externalbursaries@dalrrd.gov.za

A. Particulars of applicant					
Title: Surname	ə:				
First names:					
Male Famale					
Identity Number					
African Coloured	Indian	White			
Nationality:		Province:			
Municipality:		Area:			

Disability Yes	No				
If YES, state nature of	of disability:				
Marital status:		Home la	Home language:		
Postal address		Resider	Residential address		
Postal code		Postal	Postal code		
E-mail:		Cellpho	Cellphone:		
Tel no. (h):		Code:	Code:		
			Code:		
Fax no.:					
B. Educational	qualifications				
	•	luding present degree			
Degree/Diploma	First registration (Year)	Year obtained	Full time/part time	Name of institution	
	(1011)				
NB: Full certified cop	ies of academic record	Is must be attached for	each degree/diploma		
If you are not currently	y enrolled at an educa	ational institution, please	e indicate below what y	ou are doing at present.	
C. Particulars of postgraduate degree for which you wish to receive the bursary					
ADV DIP/B.TECH STUDY HONOURS STUDY MASTERS STUDY DOCTORAL STUDY					
At which university or institution are you/do you intend studying?					
Degree, e.g., B.Sc. Agric. (Hons):					
Proposed topic:					
Mark the academic y	ear of study for which	you are applying	1 2	3 4	

Short description	Short description or title of proposed research project				
Dataila of the was					
Details of the res	earch proposal. Indicat	e the problem and the impor	tance of your study (research) to society		
D Research ex	xperience and out	nut			
	-	-	and the name of the journal or conference		
	was published or prese		,		
Article title:					
Authors:					
Journal name/Co	nference name:	Date publish	hed/presented:		
Article title:					
Authors:					
Journal name/Co	Journal name/Conference name: Date		e published/presented:		
E. Income stat	tus				
Mother's occupation:					
Guardian's occupation:					
Mark your combined parents or guardians income (R)					
<10 000	10 001–30 000	31 001 and above	Attach proof of income for both parents or proof of income from SASSA		
No of other dene	ndents still living at hon	ne·			
No. of other dependents still living at home:  No. of dependents at tertiary institution:					
No. of dependents still at school:					
•					

F. Details of parents/guardian/next of kin						
Title:Surname:						
Initials:						
Identity Number						
Relationship Mother Father Other, specify						
Postal address Residential address						
Postal code	Postal code					
E-mail:	Cellphone no:					
Tel no. (h):	Code:					
Tel no. (w):	Code:					
Fax no:	Code:					
<ul> <li>G. Documentation</li> <li>Please attach certified copies of the following</li> <li>Identity document (Applicant)</li> <li>Identity document (Parents/Guardian)</li> <li>Death certificates (If applicable)</li> <li>Certified copies of qualifications</li> <li>Academic Record/Grade 12 Results and University acceptance letter</li> <li>Family income (Salary advice not older than 3 months)</li> <li>SASSA confirmation letter (If applicable)</li> </ul>						
H. Declaration						
I certify that the information supplied in this application is correct and that, if I am awarded a bursary, I will abide by the regulations applicable.						
Signature:	Date:					