

APPLICATION FOR A BURSARY FOR FULL-TIME / PART -TIME STUDY:

EMPLOYEES

APPLICATION FOR A BURSARY FOR FULL-TIME/PART-TIME STUDY

A. IMPORTANT

- (i) Please print when completing the form.
- (ii) Mark appropriate blocks with an "X".
- (iii) Failing to complete this application form fully and correctly may prejudice the applicants chances of obtaining a bursary. The Department cannot undertake to obtain particulars which are lacking.
- (iv) Application form must be forwarded where the bursary is advertised.

B. PERSONAL PARTICULARS			
1. IDENTITY NUMBER 2. TITLE 2. TITLE			
2. PERSAL NO.			
3SURNAME:			
4. FIRST NAMES:			
5. RACE African White Coloured Indian Other			
6. NATIONALITY South African Other:			
7. GENDER Male Female			
8. DO YOU HAVE A DISABILITY? Yes No			
9RESIDENTIAL ADDRESS			
10. DISTRICT/DIRECTORATE:			
11 DIRECTOR'S NAME:			
12. WORK ADDRESS:			
13. TELEPHONE: HomeWorkCell			
14. ARE/WERE YOU A RECIPIENT OF ANOTHER STATE BURSARY? YES NO			
C. PARTICULARS OF THE INTENDED DEGREE/DIPLOMA			
1. Name of Degree/Diploma, i.e. B. Admin, B.Sc. Agric or M.D. Agric. etc			
1.1 Major Subjects:			
1.2 Ancillary Subjects:			

2.	AT WHICH INSTITUTION DO YOU INTEND STUDYING:		
3.	NORMAGETHER WE HAVE MADE KZN A BETT	ER PROVINCE TO LIVE IN.	
4.	FOR HOW MANY YEARS DO YOU NEED THE BURSARY: Years		
5.	STUDENT NUMBER IF YOU HAVE ALREADY REGISTERED:		
D.	YOUR EDUCATION QUALIFICATIONS		
1.	HIGHEST QUALIFICATION:		
2.	NAME OF THE SCHOOL / TERTIARY INSTITUTION:		
3.	YEAR OBTAINED		
N.B.	Certified copies of education qualification should be attached.		
E.	DECLARATION		
partic the P	ise that this application is for a bursary and reulars are complete and correct and that I interbublic Service upon obtaining the qualification taking which is to be entered into.	nd to make my services available to	
	SIGNATURE OF APPLICANT	DATE	
•••••	DIRECTOR	DATE	