

# Bursary application form —Full-time postgraduate studies— Department of Agriculture

- ❖ Closing date for bursary application:
- ❖ Use block letters to complete the form
- ❖ Give concise answers and where applicable, mark with X
- ❖ This form is only for use by persons who are not staff members of the department
- ❖ Attach a recent passport-size photo, ID, academic records and copies of qualification/certificates
- ❖ Incomplete or late applications will not be considered
- ❖ Forward application to:
  - The Senior Manager
  - Education, Training and Extension Services
  - Department of Agriculture
  - Private Bag X250
  - PRETORIA
  - 0001

Photo

How did you know about Department of Agriculture bursaries?

Newspaper	University staff	Friend	Internet	Career awareness	Other, specify .....
-----------	------------------	--------	----------	------------------	-------------------------

## A. PARTICULARS OF APPLICANT

Title .....	Surname .....															
First names .....																
<input type="checkbox"/> Male	<input type="checkbox"/> Female															
Identity number	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table>															
<input type="checkbox"/> African	<input type="checkbox"/> Asian	<input type="checkbox"/> Coloured	<input type="checkbox"/> Indian	<input type="checkbox"/> White												
Nationality .....																
Province .....																

Disability	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Marital status .....	Home language .....	
Postal address	Residential address	
.....	.....	
.....	.....	
.....	.....	
Postcode <input type="text"/>	Postcode <input type="text"/>	
Cellphone no.: .....		
Tel. no.: (h) .....	Code .....	
Tel. no.: (w) .....	Code .....	
Fax no.: .....	Code .....	
E-mail: .....		

## B. PARTICULARS OF POSTGRADUATE FOR WHICH YOU WISH TO RECEIVE THE BURSARY

HONOURS STUDY	MASTERS STUDY	DOCTORAL STUDY		
Student number .....				
At which university/institution are you/do you intend studying .....				
Degree, e.g. B.Sc.Agric.(Hons) .....				
Main subjects .....				
Mark the academic year of study for which you are applying	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Short description or title of proposed research project				

Details of the research proposal. Indicate the problem statement and the importance of your study (research) to society

### C. EDUCATIONAL QUALIFICATIONS

List all the degrees/diplomas obtained, including the present degree

Degree/diploma	First registration (year)	Year obtained	Full time/ part time	Name of institution
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....

**NB: Full certified copies of academic records must be attached for each degree/diploma obtained**

If you are not currently enrolled at an educational institution, please indicate what you are doing at present

## D. OTHER BURSARIES OR SPONSORS

Do you presently study with a bursary?

Yes

No

If yes, name of the bursary .....

Annual value of the bursary .....

Father's occupation: .....

Mother's occupation: .....

Guardian's occupation: .....

Mark your father's monthly income group (R):

< 2 500

2 501–5 000

> 5 000

Mark your mother's monthly income (R):

< 2 500

2 501–5 000

> 5 000

Mark your guardian's monthly income (R):

< 2 500

2 501–5 000

> 5 000

**Attach a proof of income  
or  
a sworn affidavit**

How many other dependants are still at home?

No. of dependants at tertiary institution .....

No. of dependants still at school .....

Do you have or have you received a study loan?

Yes

No

If yes, name of the loan .....

For what purpose? .....

When did you get it? .....

## E. RESEARCH EXPERIENCE AND OUTPUT

List all scientific articles/papers you have published and/or presented and the name of the journal or conference where the article was published or was presented.

Article title .....

Authors .....

Journal name/Conference name ..... Date published/presented .....

Article title .....

Authors .....

Journal name/Conference name ..... Date published/presented .....

## F. DETAILS ABOUT PARENTS/GUARDIAN/NEXT OF KIN

Title .....	Surname .....			
Initials .....				
Identity number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
Relationship	<table border="1"><tr><td>Mother</td><td>Father</td><td>Other, specify</td></tr></table>	Mother	Father	Other, specify
Mother	Father	Other, specify		
Postal address	Residential address			
.....	.....			
.....	.....			
.....	.....			
.....	.....			
Postcode <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Postcode <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
Cellphone no.: .....				
Tel. no.: (h) .....	Code .....			
Tel. no.: (w) .....	Code .....			
Fax no.: .....	Code .....			
E-mail: .....				

## G. DOCUMENTATION

Please attach certified copies of the following:

- ❖ Identity document
- ❖ Certificates of qualifications
- ❖ Academic records
- ❖ Family income or an affidavit if parents are unemployed
- ❖ Admission letter
- ❖ Research proposals

---

## 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 regulation applicable.

Signature of applicant

.....

Date .....

If still a minor, signature of parent/guardian

.....

Date .....