

Annexure A1

BURSARY APPLICATION FORMFull-time postgraduate studies –

- Closing date for bursary application: 30 September 2018
- Use block letters to complete the form.
- Give concise answers and, where applicable, mark with an X.
- ◆ This form is only for use 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:

The Director
Sector Education and Training
Department of Agriculture, Forestry and Fisheries
Private Bag X250
PRETORIA
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How did you learn about Department of Agriculture, Forestry and Fisheries bursaries?

Newspaper	University staff	Friend	Internet	Career awareness	Other, specify
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B: Full certified co	pies of academic re	cords must be attac	hed for each degre	e/diploma obtained.
vou are not currently	v enrolled at an educa	ational institution, plea	sse indicate what you	ı are doing at present.
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D. Income s	tatus				
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How many other	r dependants are	still at home?			
No. of dependar	nts at tertiary insti	tution			
No. of dependar	nts still at school .	************************			
E. Research	experience an	d output			
List all scientific	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 presented.				
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Authors					
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F. Details ab	out parents/gu	ardian/next of	i kin		
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Postal address	Residential address				
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Postcode	Postcode				
E-mail	Celiphone no.				
Tel. no. (h)	Code				
Tel. no. (w)	Code				
Fax no	Code				
G. Documentation					
Please attach certified copies of the following:					
Identity document					
❖ Certificates of qualifications					
❖ Academic records					
❖ Family income or proof of grant income from SASSA					
❖ Admission letter					

н,	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.			
Sigr	nature of applicant		
		Data	
******		Date	
If sti	ll a minor, signature of parent/guardian		
******		Date	