

## APPLICATION FOR STUDY BURSARY - 2019

### Instructions to applicants

- Closing date for bursary application: **30 September 2018**
- Please complete the application form in black ink.
- Write in the blocks only, one letter per block. Always start in the first block.
- Where choices have to be made, mark the appropriate block with an X.
- Only applications submitted on the prescribed application form will be considered. No tippex must be used on the application form and **no faxed/e-mailed application forms will be accepted.**
- Incomplete or late applications **will not** be considered.

Forward application to:

Head: Student Affairs

Elsenburg Agricultural Training Institute

Private Bag X1

ELSENBURG

7607

SECTION A: PERSONAL DETAILS OF APPLICANT									
1. Identity no.									
2. Date of birth									
3. Surname									
4. Race <b>(For Employment Equity/Skills Development)</b>	Black	Coloured	Indian	White					
5. First names									
6. Title, <b>Mr/Ms/Mrs</b>									
7. Language	Afrikaans		Sesotho sa Leboa						
	English		Setswana						
	IsiNdebele		SiSwati						
	IsiXhosa		Tshivenda						
	IsiZulu		Xitsonga						
	Sesotho								
	Other (Specify)								

8. Nationality	
9. Province	
10. Municipality	
11. Postal address	
12. Home address:	
13. Address while studying:	
14. Applicant's telephone number during normal office hours:	

Dialling code                  Number

15. Applicant's telephone number after hours:	
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Dialling code                  Number

16. Fax number:	
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Dialling code                  Number

17. Cell phone number:	
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18. E-mail address:	
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19. Do you have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No
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If "Yes", please indicate the nature of your disability under the categories that have been listed below:

Physical	Visual	Learning	Hearing
Cerebral Palsy	Blindness	Dyslexia	Deafness
Paraplegic	Low vision	ADD/ADHD	Partial Hearing
Quadriplegic	Partially sighted	Dyscalculia	
Impaired mobility			

<b>Speech</b>	
Speech impairment	

Other:



If you are currently a registered student at the Institute, declare the following:			
(a) Student number			
(b) Programme	<input type="checkbox"/> B.Agric	<input type="checkbox"/> Higher Certificate	<input type="checkbox"/> Equine Studies
(c) Current year of study e.g. 1 <sup>st</sup> , 2 <sup>nd</sup> , 3 <sup>rd</sup>		(d) Minimum remaining period of course	
(e) Expected date of completion			
(f) Have you failed any modules? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, specify which module/s</b>			

SECTION D: FINANCIAL DETAILS					
14. Details of	ID number	Initials	Surname	Occupation	Gross income per month
<i>Father</i>					
<i>Mother</i>					
<i>Guardian</i>					
<i>Spouse</i>					
15. Marital status of Provider	Unmarried	Married	Widower/ Widow	Divorced	
16. Applicant: Are you temporarily employed?  <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes: Name and Tel nr of employer:			Monthly income:	
17. Are/were you in receipt of another bursary/loan?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, Name of institution					
Nature of obligations					
Fulfilment of obligations	<input type="checkbox"/> Completed <input type="checkbox"/> Not completed				

**SECTION E: DOCUMENTATION**

**Please attach certified copies of the following:**

- Identity documents of applicant and parents/guardian
- Certificates of qualifications
- Academic records/Grade 12 results
- Source of income of applicant and parents/guardian
  - Three months' payslips/Proof of grant income from SASSA /A sworn statement if unemployed
- Three months' bank statements of applicant and parents/guardian
- Death Certificates (if applicable)

**Please note:** If the above- mentioned documents are not attached and/or the application form is not signed, your application will not be considered. All documentation provided will be treated with strict confidentiality.

**SECTION F: DECLARATION**

I/WE HEREBY CONSENT TO THE PROCESSING OF THE PERSONAL INFORMATION AND SPECIAL PERSONAL INFORMATION IN THE CASE OF A MINOR PROVIDED IN THIS DOCUMENT FOR THE PURPOSES OF AN APPLICATION FOR A BURSARY FROM THE WESTERN CAPE GOVERNMENT'S ELSENBURG AGRICULTURAL TRAINING INSTITUTE.

I DECLARE THAT THE ABOVE INFORMATION TO MY KNOWLEDGE IS TRUE AND CORRECT AND ACCEPT THAT IF IT WERE TO BE FOUND THAT I WITHHELD ANY INFORMATION; MY APPLICATION WILL BE CANCELLED IMMEDIATELY.

SIGNATURE OF APPLICANT ..... DATE .....

**IN CASE OF A MINOR**

SIGNATURE OF PARENT/GUARDIAN ..... DATE .....