



APPLICATION FOR STUDY BURSARY - 2022

Instructions to applicants

- Closing date for bursary application: 30 September 2021
- 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 I	DETAILS OF APP	PLICANT																
1. Identity no.																		
2. Date of birth																		
3. Surname																		
4. Race (For Employme	Black			C	പപ	red		Indian					White					
Equity/Skills Developme	ent)	Dide		C	0100	ncu							, , , , , , , , , , , , , , , , , , ,					
5. First names																		
6. Title, Mr/Ms/Mrs																		
7. Language	Afrikaans	.frikaans						Sesotho sa Leboa										
				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 telepho	ne number during normal office hour									
		Diallir	ng c	ode	Ν	umb	ər			
15. Applicant's telephon	e number after hours:									
		Diallir	ng c	ode	Nu	umbe	er			
16. Fax number:										
		Diallir	ng c	ode	Nu	umbe	er			
7. Cell phone number:										

18. E-mail address:

19. Do you have a disability? 🛛 Yes 🗆 No

F

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

SECTION B: PROGRAMME FOR WHICH YOU WISH TO RECEIVE A BURSARY

□ B.Agric Degree

Diploma in Agriculture

Equine Studies

SECTION C: ACADEMIC DETAILS

Highest grade	Gra	Grade 11/Preliminary International School results									Y	ear												
passed to date	Gra	Grade 12/Final International School results										Y	ear											
Name of school:																								
School's Postal	<u> </u>	<u> </u>												1									1	
address:																								
-						_								-			Por	tal	cod	10			-	
																	FUS	iui	COU	Je				
School's telephone no																								
	lling) CC	ode				Nur	nb	er															

School subjects (Languages: Please indicate whether first or second language)

Year	School subject name	Percentage % Obtained
rear	school sobject hame	
L	Tatal/avarage 97	
	Total/ average %	

If you are currently a registered student at the Institute, declare the following:											
(a) Student number											
(b) Programme	B.Agric	Diploma in Agriculture	Equine Studies								
(c) Current year of study e.g. 1 st , 2 nd , 3 rd		(d) Minimum remaining period of course									
(e) Expected date of completion											
(f) Have you failed any module If yes, specify which module											

	SECTION D	: FINANCI										
14. Details of	ID nu	mber	Initials	Su	Irname		Occupation		Gross income per			
									month			
Father												
Mother												
Guardian												
Spouse												
15. Marital sta	Marital status Unmarried			Marrie	d	W	idower/ Widow	Div	Divorced			
of Provider	r											
16. Applicant:	6. Applicant: If Yes: Name and Tel nr of emplo					1	Monthly income:					
Are you												
temporarily												
employed?												
🗆 Yes 🗆 No												
17. Are/were ye	ou in recei	pt of anotl	ner		□ Yes							
bursary/loa	nŞ											
If yes, Name of	institution											
Nature of oblig	ations											
Fulfilment of ob		Completed INot 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