

Closing date: 30 September 2015

APPLICATION FOR STUDY BURSARY

SECTION A: PERSONAL DETAILS OF APPLICANT

1. Identity no.																		2. Date of birth	
3. Surname													4. Race (For Employment Equity/Skills Development)	Black	Coloured	Indian	White		
5. First names													6. Title, Mr / Ms		7. Lang	Afr.	Eng.	Other	
8. Postal address													9. Home address:						
10. Tel. Nr. (Home)													Dialing code					11. Address while studying	
Tel. Nr. (Work)													Dialing code						
Cell nr.													E-mail:						

SECTION B: ACADEMIC DETAILS

12. (i)	Degrees /diplomas already obtained		
(ii)	(a) Name of degree/diploma for which a bursary is required		
	(b) Date on which studies commenced / will commence		
(iii)	If currently busy with studies, declare the following		
	(a) Which year of study at present		(b) Minimum remaining period of course
	(c) Date completed/ will be completed		
	(d) Registration number		
	(e) Have you failed any year of study? Yes / No		If yes, which year of study and when?
(g)	Subjects passed to date if any (Please attach academic record)		
	JAAR/YEAR	VAKKE/SUBJECTS	
13. COMPLETE CURRICULUM OF SUBJECTS THAT DEGREE/DIPLOMA CONSISTS OF SINCE FIRST YEAR OF STUDY UNTIL COMPLETION THEREOF			

FIRST YEAR CURRICULUM 20____	SECOND YEAR CURRICULUM 20____
THIRD YEAR CURRICULUM 20____	FOURTH YEAR CURRICULUM 20____

SECTION C: FINANCIAL DETAILS

14 Details of	Initials	Surname	Occupation	Gross income p.m
Father				
Mother				
Guardian				
Applicant				
Spouse				

15. Marital status of Provider	Unmarried	Married	Widower/ Widow	Divorce
--------------------------------	-----------	---------	----------------	---------

16. Student: Are you temporarily employed? YES / NO	If Yes: Name and Tel nr of employer:	Monthly income:
---	--------------------------------------	-----------------

17. Are/were you in receipt of another bursary/loan?	YES	NO
--	-----	----

If yes, Name of institution	
-----------------------------	--

Nature of obligations	
-----------------------	--

Fulfilment of obligations	
---------------------------	--

18. Indication of physical disability

Do you suffer from a physical disability?	YES	NO
---	-----	----

If yes, state nature of disability:

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

CHECKLIST

Please attach all documents mentioned in the checklist to your application form.

(Please tick)

Certified copies of ID-documents (Applicant/Parents/Guardians)	
Proof of 3 month income (Parents/Guardians)	
Academic record	
Proof of 3 months banking statements (Applicant/Parents/Guardians)	

If the above- mentioned documents are not attached and/or the application form are not signed, you application will not be considered.

For any information contact:

Ms M Smith

Tel: 021 808 7691

Fax 021 8844 319

email: marilises@elsenburg.com