

LDARD 022



**LIMPOPO**  
PROVINCIAL GOVERNMENT  
REPUBLIC OF SOUTH AFRICA

**DEPARTMENT OF  
AGRICULTURE AND RURAL DEVELOPMENT**

**APPLICATION FOR A BURSARY: 2024**

Certified copies of the following documents should be attached to this application form and sent to the address mentioned below:

- Certified copy of South African Identity Document
- Certified copy of Grade 12 Certificate
- Proof of registration for the 2024 academic year
- Full academic record for previous academic year
- Proof of residence
- Certified copy of proof of income of parent/guardian

Address: The Head of Department  
Limpopo Department of Agriculture & Rural Development  
Human Resource Development  
Private Bag X 9487  
POLOKWANE  
0700

**NB. Submit your application through post or office of collection.**

**A. PERSONAL PARTICULARS OF APPLICANT**

Surname: .....	
First Names: .....	
Gender: Male	<input type="checkbox"/>
Female	<input type="checkbox"/>
Disability (Yes/No): .....	
Type of Disability: .....	
Identity Number: .....	
African	<input type="checkbox"/>
Coloured	<input type="checkbox"/>
Indian	<input type="checkbox"/>
White	<input type="checkbox"/>
Postal Address	Residential Address
.....	.....
.....	.....
.....	.....
Province: .....	District: .....
Local Municipality .....	Ward No: .....
Telephone: .....	
Fax No: .....	
Cell: .....	
E-mail: .....	

**B. HIGH SCHOOL/ UNIVERSITY/ COLLEGE ATTENDED**

Highest Standard/Grade/ Course Level Passed:	
.....	
Name of Institution: .....	
Institution Address: .....	
.....	
.....	
List Subjects/ Courses	Marks/Symbols
.....	.....
.....	.....

.....	.....
.....	.....
.....	.....
.....	.....
.....	.....
.....	.....
Year Passed: .....	

**C. PARTICULARS OF QUALIFICATION FOR WHICH YOU WANT TO RECEIVE THE BURSARY**

Student No (if available): .....
At which institution are you studying? .....
Name of Qualification registered for: .....
Main Subjects/Courses: .....
.....
Period of study: .....
Level of study you are applying for (e.g. 1 <sup>st</sup> , 2 <sup>nd</sup> , etc): .....

**E. DECLARATION BY THE APPLICANT**

I .....declare that the information supplied in this application is correct and that, if I am awarded a bursary, I will abide by the rules and regulations applicable.	
.....	.....
<b>SIGNATURE OF APPLICANT</b>	<b>DATE</b>
.....	.....
<b>PARENT/GUARDIAN</b>	<b>DATE</b>