



agriculture, land reform & rural development

Department:
Agriculture, Land Reform and Rural Development
REPUBLIC OF SOUTH AFRICA

Annexure A1
2025

BURSARY APPLICATION FORM -Full-time Postgraduate Studies-

Instructions to applicants

- Closing date: **30 September 2024**
- Use block letters to complete the form
- Give concise answers and, where applicable, mark with an **X**.
- This form may only be used by persons who are not staff members of the department
- Attach a recent copy of your ID, academic record and copies of qualification/certificates
- Incomplete or late applications will not be considered
- Forward your completed application together with supporting document to the below email address

Email address: Externalbursaries@dalrrd.gov.za

A. Particulars of applicant

Title:..... Surname:.....

First names:.....

Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
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Identity Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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African	<input type="checkbox"/>	Coloured	<input type="checkbox"/>	Indian	<input type="checkbox"/>	White	<input type="checkbox"/>
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Nationality:..... Province:.....

Municipality:..... Area:.....



Disability	Yes	No
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If YES, state nature of disability:.....

Marital status:.....

Home language:.....

Postal address

Residential address

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Postal code				
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Postal code				
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E-mail:.....

Cellphone:.....

Tel no. (h):.....

Code:.....

Tel no. (w):.....

Code:.....

Fax no.:.....

Code:.....

B. Educational qualifications

List all the degrees/diplomas obtained, including present degree

Degree/Diploma	First registration (Year)	Year obtained	Full time/part time	Name of institution

NB: Full certified copies of academic records must be attached for each degree/diploma

If you are not currently enrolled at an educational institution, please indicate below what you are doing at present.

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C. Particulars of postgraduate degree for which you wish to receive the bursary

ADV DIP/B.TECH STUDY	HONOURS STUDY	MASTERS STUDY	DOCTORAL STUDY
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At which university or institution are you/do you intend studying?

Degree, e.g., B.Sc. Agric. (Hons):.....

Proposed topic:.....

Mark the academic year of study for which you are applying

1	2	3	4
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Short description or title of proposed research project

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Details of the research proposal. Indicate the problem and the importance of your study (research) to society

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D. Research experience and output

List all science articles/papers you have published and/or presented and the name of the journal or conference where the article was published or presented.

Article title:.....

Authors:.....

Journal name/Conference name:..... Date published/presented:.....

Article title:.....

Authors:.....

Journal name/Conference name:..... Date published/presented:.....

E. Income status

Father's occupation:.....

Mother's occupation:.....

Guardian's occupation:.....

Mark your combined parents or guardians income (R)

<15 000	15 001–35 000	35 001 and above
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Attach proof of income for both parents and proof of income from SASSA

No. of other dependents still living at home:.....

No. of dependents at tertiary institution:.....

No. of dependents still at school:.....



F. Details of parents/guardian/next of kin

Title:..... Surname:.....

Initials:.....

Identity Number																				
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Relationship	Mother	Father	Other, specify
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Postal address
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Residential address
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Postal code					
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Postal code					
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E-mail:.....

Cellphone no:.....

Tel no. (h):.....

Code:.....

Tel no. (w):.....

Code:.....

Fax no:.....

Code:.....

G. Documentation

Please attach certified copies of the following

- Identity document (**Applicant**)
- Identity document (**Parents/Guardian**)
- Death certificates (**If applicable**)
- Certified copies of qualifications
- Academic Record/Grade 12 Results and University acceptance letter
- Family income (**Salary advice not older than 3 months**)
- SASSA confirmation letter (**If applicable**)

H. 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.

Signature:.....

Date:.....

If still a minor, signature of parents/guardian

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Date:.....

