

APPLICATION FOR STUDY BURSARY - 2025

Instructions to applicants

- Closing date for bursary application: **30 September 2024**
- 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 (For Employment Equity/Skills Development)		African			Coloured			Indian			White				
5. First names															
6. Title, Mr/Ms/Mrs															
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:	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 50px; text-align: center;">Dialling code</td> <td style="width: 100px; text-align: center;">Number</td> </tr> </table>	Dialling code	Number
Dialling code	Number		

15. Applicant's telephone number after hours:	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 50px; text-align: center;">Dialling code</td> <td style="width: 100px; text-align: center;">Number</td> </tr> </table>	Dialling code	Number
Dialling code	Number		

16. Fax number:	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 50px; text-align: center;">Dialling code</td> <td style="width: 100px; text-align: center;">Number</td> </tr> </table>	Dialling code	Number
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			

Speech	
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"/> Diploma in Agriculture	<input type="checkbox"/> 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 modules? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify which module/s			

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