

Elsenburg Agricultural Training Institute



APPLICATION FOR STUDY BURSARY - 2020

Instructions to applicants

- Closing date for bursary application: 30 September 2019
- 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 Employme	Black		Coloured			Indian				White						
Equity/Skills Developme	BIOCK			Coloured							VVIIIC					
5. First names																
6. Title, Mr/Ms/Mrs																
7. Language	Afrikaans				Sesotho sa Leboa											
English		nglish				Setswana										
	IsiNdebele					SiSwati										
	IsiXhosa	nosa				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 n	ormal office hours:		g code	<u> </u>	Nu	mbe	r			
15. Applicant's telephone number after hours:				g code			mber				
16. Fax number:	16. Fax number:										
17. Cell phone number:		Diallin	g code	;	Nui	mber					
18. E-mail address:											
19. Do you have a disa	bility? 🗆 Yes 🗆 No)									
If "Yes", please indicate	e the nature of your	disability under the	categ	ories th	at hav	e bee	en listo	ed b	elov	w:	
Physical	Visual	Learning		Hearii	ng						
Cerebral Palsy	Blindness	Dyslexia		Deafr	ness						
Paraplegic	Low vision	ADD/ADHD		Partia	l Heari	ng					
Quadriplegic	Partially sighted	Dyscalculia									
Impaired mobility											
Speech Speech impairment		Other:									

Do you make use of a wheelchair? ☐ Yes ☐ No								
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 Grade 11/Preliminary International School results	Year							
passed to date Grade 12/Final International School results	Year							
	T O GI							
Name of school:								
		<u> </u>						
School's Postal								
address:								
Postal code Postal code								
School's telephone no								
Dialling code Number								
Diaming code Normbon								
School subjects (Languages: Please indicate whether first or second language)								
Year School subject name Percentag	e % Obtained	7						
		-						
		1						
		_						

Total/ average %

If you are curre	ently a regi	istered stu	dent at th	e Institu	te, declare t	ne following:			
(a) Student nui									
(b) Programme			1 B.Agric		☐ Hig	her Certificate	☐ Equine Studies		
(c) Current year of study e.g.					(d) M	inimum remaining			
1st, 2nd, 3rd					р	eriod of course			
(e) Expected date of							1		
completion									
(f) Have you for If yes, spec			□ Yes I	□ No					
	SECTION D	: FINANCI	AL DETAIL	10					
	SECTION D	: FINANCI	AL DEIAII	LS		T		Cross in a area a roar	
14. Details of	. Details of ID number Initials		Su	ırname	Occupation		Gross income per month		
Father	Father								
Mother	Mother								
Guardian	Guardian								
Spouse									
15. Marital status Unmarried Marrie of Provider			d	Widower/ Widow	Di	vorced			
16. Applicant: Are you temporarily employed? □ Yes □ No	If Yes	: Name aı	nd Tel nr (of emplo	oyer:	Monthly income:	:		
17 And have a		-1 -11	la a u		T				
17. Are/were you in receipt of another bursary/loan?				□ Yes	□ No				
If yes, Name of institution									
Nature of obligations									
Fulfilment of obligations				□ Complet	ed 🗆 Not co	mple	ted		

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 INFO	DRMATION AND SPECIAL PERSONAL
INFORMATION IN THE CASE OF A MINOR PROVIDED IN THIS DOCUM	MENT FOR THE PURPOSES OF AN
APPLICATION FOR A BURSARY FROM THE WESTERN CAPE GOVERNA	MENT'S ELSENBURG AGRICULTURAL
TRAINING INSTITUTE.	
I DECLARE THAT THE ABOVE INFORMATION TO MY KNOWLEDGE IS T	RUE AND CORRECT AND ACCEPT THAT IF IT
WERE TO BE FOUND THAT I WITHHELD ANY INFORMATION; MY APPLI	CATION WILL BE CANCELLED IMMEDIATELY.
SIGNATURE OF APPLICANT	DATE
IN CASE OF A MINOR	
SIGNATURE OF PARENT/GUARDIAN	DATE