



SOUTHERN AFRICAN WEED SCIENCE SOCIETY

Application for SAWSS Bursary

1. PERSONAL PARTICULARS		
Title:	Surname:	
First Names:		
Date of Birth:	Identity number:	
Postal Address:		
Cell phone:	Fax:	E-mail:
2. DETAILS OF STUDY AREA		
University:		
Degree:		
Department:		
Present academic year:		
Title of research topic and objectives:		
References (Please attach a sealed letter from each):		
(1)		
(2)		
Note:		
Attach a motivation of 300 – 400 words to explain why you are interested in weed science.		
Declaration: I,....., hereby certify that the information given above is correct and that should I be awarded the bursary, I shall meet the requirements set by SAWSS.		
Applicant's signature:		
Print name:	Date:	
Study leader / supervisor's signature:		
Print name:	Date:	
Contact address:		
Telephone:	E-mail:	
Head of Department's signature:		
Print name:	Date:	

Download a (student) membership application form from www.weeds.org.za and return it together with the bursary application.