

LAD 022



LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF AGRICULTURE

APPLICATION FOR A BURSARY: 2019

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 2017 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
Department of Agriculture
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 Female

Disability (Yes/No):

Type of Disability:

Identity Number:

African Coloured Indian White

Postal Address	Residential Address
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.....
.....

Province: District:

Local Municipality:..... Ward No:

Telephone:

Fax No:

Cell:

E-mail:

B. HIGH SCHOOL/ UNIVERSITY/ COLLEGE ATTENDED

Highest Standard/Grade/ Course Level Passed:

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Name of Institution:

Institution Address:

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List Subjects/ Courses	Marks/Symbols
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.....
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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 st , 2 nd , etc):

E. DECLARATION BY THE APPLICANT

Ideclare 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.	
_____ SIGNATURE OF APPLICANT	_____ DATE
_____ PARENT/GUARDIAN (If still a minor)	_____ DATE