



LIMPOPO
 PROVINCIAL GOVERNMENT
 REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF AGRICULTURE AND RURAL DEVELOPMENT

APPLICATION FOR A BURSARY: 2027 ACADEMIC YEAR EXTERNAL

Certified copies of the following documents should be attached to this application form and sent to the address mentioned below:

- South African Identity Document
- Grade 12 Certificate/Statement of results
- Grade 12 June/July report if still at school
- Academic records if already at University
- Admission Letter
- Proof of residence
- Parent/Guardian Salary Advice

Address: The Head of Department
 Department of Agriculture and Rural Development
 Human Resource Development
 Private Bag X 9487
 POLOKWANE
 0700

NB. Please submit your application through your District of residence.

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 Area (e.g. Capricorn, Mopani):

Telephone:

Fax No:

Cell:

E-mail:

B. HIGH SCHOOL ATTENDED

Highest Standard/Grade Passed:

Name of School:

School Address:

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List Subjects

Marks/Symbols

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Year Passed:

C. PARTICULARS OF DEGREE/DIPLOMA FOR WHICH YOU WANT TO RECEIVE THE BURSARY

Student No (if available):

At which institution/university are you/do you intend studying:
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Name of Degree/Qualification e.g. BSc. Agric Engineering:
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Main Subjects/Courses:

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Period of study:

Level of study you are applying for (e.g. 1st, 2nd, Master etc.):

Give short description or title of Research Project:

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Indicate the problem statement and the importance of the study to the Limpopo
Department of Agriculture and Rural Development:

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D. OTHER BURSARY OR SPONSOR

Do you presently study with a bursary?

If yes, give the name of the bursary:

Annual value of the bursary:

Since when did you use the bursary:

Do you have or have you received a study loan:

If yes, name of the loan:

When did you get the loan:

For what purpose:

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