



Gauteng Department of Agriculture and Rural Development (GDARD)

BURSARY APPLICATION FORM

Form Instructions

- 1) Please PRINT when completing the form. 2) Mark appropriate block with an "X".
- 3) Incomplete or late applications will not be considered.

Section A: How did you become aware of the GDARD bursary scheme?

Newspaper. Specify.	University Staff	Friend	Internet	Career exhibition.	Other, specify
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Section B: Personal Information

Title: _____	First Names: _____	Surname: _____
ID No: <input style="width: 25px; height: 25px;" type="text"/> <input style="width: 25px; height: 25px;" type="text"/> <input style="width: 25px; height: 25px;" type="text"/> <input style="width: 25px; height: 25px;" type="text"/> <input style="width: 25px; height: 25px;" type="text"/> <input style="width: 25px; height: 25px;" type="text"/> <input style="width: 25px; height: 25px;" type="text"/> <input style="width: 25px; height: 25px;" type="text"/> <input style="width: 25px; height: 25px;" type="text"/> <input style="width: 25px; height: 25px;" type="text"/> <input style="width: 25px; height: 25px;" type="text"/> <input style="width: 25px; height: 25px;" type="text"/>	Date of Birth: <input style="width: 25px; height: 25px;" type="text"/> <input style="width: 25px; height: 25px;" type="text"/> <input style="width: 25px; height: 25px;" type="text"/> <input style="width: 25px; height: 25px;" type="text"/> <input style="width: 25px; height: 25px;" type="text"/> <input style="width: 25px; height: 25px;" type="text"/>	
Race: _____	Marital Status: Married <input type="checkbox"/> Single <input type="checkbox"/>	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
Disability: <input style="width: 20px; height: 20px;" type="text"/> Y <input style="width: 20px; height: 20px;" type="text"/> N		
Address (Home): _____ _____		
Address (Work): _____ _____		
Tel no (Home): _____		Cell no: _____
E-mail : _____		

Section C: Educational History

Name of School: _____	Town/City: _____
Matriculation year: _____ (attach a certified copy of the Matriculation Certificate)	

Section D: University and other post school training

1. Degree/Diploma/Subjects already obtained/passed

Degree/Diploma

Year Obtained

_____	_____
_____	_____
_____	_____
_____	_____

2. At present enrolled for qualification at (Name of Institution) _____
since: _____ 3. Which year of study at present? _____

4. A. Major Subjects (present year of study): _____

B. Ancillary subjects: _____

5. Registration number: _____

6. Have you failed any subject? Yes No

Subjects Failed

Year of study

_____	_____
_____	_____
_____	_____

NB: Attach a complete official academic record, as well as semester results in respect of the present year of study.

7. Are/were you a bursary holder of any organisation, including the government? Yes No

a) Name of organisation: _____

b) Nature of obligation: _____

c) Fulfilment date of obligations: _____

d) Amount outstanding (ex interest): _____

8. If you are not currently enrolled at an educational institution, please indicate what you are doing at present: _____

9. Have you had vocational counselling regarding your choice of study? Yes No

If yes, what was the recommendation of the counsellor: _____

Section E: Particulars of degree or diploma for which a bursary is required

1. Name of degree/diploma: _____

2. Major Subjects: _____

3. Ancillary Subjects:

1st year: _____

2nd year: _____

3rd year: _____

4th year: _____

4. At which institution are you/do you intend studying? _____

5. Minimum duration of the course _____ years

6. Is accommodation needed? Yes No If yes, specify the **estimated cost** and attach the relevant information from the institution.

7. Cost implications of intended studies (**attach quotation of fee schedule and book quotations**)

Total cost R _____ per annum

Section F: Parents or guardian's income details

Father's occupation : _____

Mother's occupation : _____

Guardian's occupation : _____

Mark your father's monthly income group (R):

< 7 500	7 501 - 15 000	> 15 001
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Mark your mother's monthly income group (R):

< 7 500	7 501 - 15 000	> 15 001
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Mark your guardian's monthly income group (R):

< 7 500	7 501 - 15 000	> 15 001
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NB: Please attach proof of income and occupation. An affidavit is required if the guardian or parents are unemployed.

How many other dependants are still at home?

No. of dependants at tertiary institution : _____

No. of dependants still at school : _____

Signature (applicant)

Signature (Parent/s or Guardian)

Date: _____

Section G: Parent's or guardian's details.

Title : _____ Surname : _____ Initials : _____

ID No:

Relationship :

Mother	Father	Guardian
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Address (Home): _____

Address (Work): _____

Tel no (Home): _____ Cell no: _____

E-mail : _____

Signature (Parent/s or Guardian) : _____

Date: _____

Section H: Declaration & Additional Information

Any additional information in support of your application

Declaration

I acknowledge and accept that this application is for a bursary and not a loan and declare that the above particulars are complete and correct.

I intend making my services available to the Public Service [in terms of the bursary contract which is to be entered into upon obtaining the qualifications in question].

I acknowledge and accept that any incorrect information in the application form can lead to the immediate recovery/withdrawal of a bursary already granted.

Signature of applicant

Date: _____

If still a minor, signature of parent/guardian

Signature : _____

Date : _____