



KZN Agriculture and Environmental Affairs

UmNyango WezoLimo NezeMvelo

isiFundazwe SakwaZulu-Natali

APPLICATION FOR A BURSARY FOR FULL-TIME / PART -TIME STUDY:

EMPLOYEES

APPLICATION FOR A BURSARY FOR FULL-TIME/PART-TIME STUDY

A. IMPORTANT

- (i) Please print when completing the form.
- (ii) Mark appropriate blocks with an "X".
- (iii) Failing to complete this application form fully and correctly may prejudice the applicants chances of obtaining a bursary. The Department cannot undertake to obtain particulars which are lacking.
- (iv) Application form must be forwarded where the bursary is advertised.

B. PERSONAL PARTICULARS

1. IDENTITY NUMBER

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 2. TITLE

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3. PERSAL NO.

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4. SURNAME

5. FIRST NAMES

6. RACE

African	White	Coloured	Indian	Other
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7. NATIONALITY

South African	Other:
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8. GENDER

Male	Female
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9. DO YOU HAVE A DISABILITY?

Yes	No
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10. RESIDENTIAL ADDRESS

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11. REGION:

WORK ADDRESS:.....

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12. TELEPHONE: Home Work Cell

13. ARE/WERE YOU A RECIPIENT OF ANOTHER BURSARY AND

YES	NO
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IF YES WHICH YEAR? :

C. PARTICULARS OF THE INTENDED DEGREE/DIPLOMA

1. Name of Degree/Diploma, i.e. B. Admin, B.Sc. Agric or M.D. Agric. etc.

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1.1 Major Subjects:

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1.2 Ancillary Subjects:

.....

- 2. AT WHICH INSTITUTION DO YOU INTEND STUDYING:
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- 3. NORMAL DURATION:
- 4. FOR HOW MANY YEARS DO YOU NEED THE BURSARY: Years
- 5. STUDENT NUMBER IF YOU HAVE ALREADY REGISTERED:

D. YOUR EDUCATION QUALIFICATIONS

- 1. HIGHEST QUALIFICATION:
- 2. NAME OF THE SCHOOL / TERTIARY INSTITUTION:
- 3. YEAR OBTAINED:

N.B. Certified copies of education qualification should be attached.

E. DECLARATION

I realise that this application is for a bursary and not a loan. I declare that the above particulars are complete and correct and that I intend to make my services available to the Public Service upon obtaining the qualification in question in terms of the bursary undertaking which is to be entered into.

.....
SIGNATURE OF APPLICANT

.....
DATE

.....
SUPERVISOR/MANAGER

.....
DATE