

# **Elsenburg Agricultural Training Institute**



## **APPLICATION FOR STUDY BURSARY - 2026**

#### Instructions to applicants

- Closing date for bursary application: 30 September 2025
- Please complete the application form in black ink.
- Write in the blocks only, one letter per block. Always start in the first block.
- Where choices have to be made, mark the appropriate block with an X.
- Only applications submitted on the prescribed application form will be considered. No tippex must be
  used on the application form and no faxed/e-mailed application forms will be accepted.
- Incomplete or late applications will not be considered.
- Forward application to:

Head: Student Affairs

Elsenburg Agricultural Training Institute

Private Bag X1

**ELSENBURG** 

7607

SECTION A: PERSONAL I	DETAILS OF APP	PLICANT														
1. Identity no.																
2. Date of birth																
3. Surname																
4. Race (For Employme	Africa	African		Coloured			Indian			White						
Equity/Skills Developme	ent)	7 11100	<b>411</b>		Colouled				indian			,,,,,,,				
5. First names																
6. Title, Mr/Ms/Mrs																
7. Language	Afrikaans					Sesotho sa Leboa										
	English					Setswana										
IsiNdebele					SiSwati											
	IsiXhosa					Tshivenda										
	IsiZulu				Xitsonga											
	Sesotho															
Other (Specify)																

8. Nationality										
9. Province										
10. Municipality										
11. Postal address										
12. Home address:										
13. Address while studying:										
14. Applicant's teleph	14. Applicant's telephone number during normal office hours:									
15 A 1' 11 - 1 - 1 - 1			Dialling	g code	Nu	ımber	<del></del>			
15. Applicant's telepho	one number affer h	ours:				<u> </u>				
17. 5			Dialling	g code	NU	mber			_	
16. Fax number:						$\perp \perp$				
17. Oallashaaraa			Dialling	g code	NU	mber			_	
17. Cell phone number	r: 								$\perp$	
18. E-mail address:										
19. Do you have a disc	ability? 🗆 Yes 🗖 I	No								
If "Yes", please indica	ite the nature of yo	ur disability under	the cate(	gories that	have be	en lis	ted b	elow	<u></u>	
Physical	Visual	Learning		Hearing	l					
Cerebral Palsy	Blindness	Dyslexia		Deafness						
Paraplegic	Low vision	ADD/ADHD		Partial F	Partial Hearing					
Quadriplegic	Partially sighted	Dyscalculia								
Impaired mobility										
Speech	· 	Other:		•		<u>.                                    </u>				
Speech	_					-				
impairment										

Do you make use o	f a wheelchair? □ Yes □ No					
					_	
SECTION B: PROGRA	AMME FOR WHICH YOU WISH TO RECEIVE A BURSARY					
□ B.Agric Degree						
☐ Diploma in Agrica	ulture					
☐ Equine Studies						
SECTION C: ACAD	EMIC DETAILS					
TECHOIL OF MONDI						
Highest grade	Grade 11/Preliminary International School results	Year				
passed to date Grade 12/Final International School results Year						
		<u> </u>	I		l	1
Name of school:						
School's Postal address:						
		Postal ca			1	
		osidi CC	ue			
School's telephone	e no					
	Dialling code Number					
Calcada III II II	na n					
school subjects (Lo	anguages: Please indicate whether first or second language)					
Year School subject name Percentage % Obtained						
	Telcernage // Oblained					

Total/ average %

If you are curre	ently a regi	stered stu	dent at th	e Institu	te, declare th	ne following:				
(a) Student nu	mber									
(b) Programme	е		B.Agric		□ Dipl	loma in Agriculture		Equine Studies		
(c) Current year of study e.g.					(d) Mi	inimum remaining				
1 <sup>st</sup> , 2 <sup>nd</sup> , 3 <sup>rd</sup>					ре	eriod of course				
(e) Expected (	date of				·					
completion	า									
(f) Have you f			□ Yes [	□No						
	SECTION D:	FINANC	IAL DETAIL	LS						
14. Details of	ID nui	mber	Initials Su		ırname	Occupation		Gross income per month		
Father										
Mother										
Guardian										
Spouse										
15. Marital sta		Unmarrie	ed	Marrie	d	Widower/ Widow	Di	vorced		
of Provide										
16. Applicant:	If Yes:	Name a	nd Tel nr d	of emplo	oyer:	Monthly income:				
Are you										
temporarily employed?										
Ciripioyea										
□ Yes □ No										
17. Are/were y	ou in receip	ot of anot	ther		□ Yes	□ No				
bursary/loan?					П 162	□ NO				
If yes, Name of	institution									
Nature of oblig	gations									
Fulfilment of obligations					☐ Completed ☐ Not completed					

#### **SECTION E: DOCUMENTATION**

### Please attach certified copies of the following:

- Identity documents of applicant and parents/guardian
- Certificates of qualifications
- Academic records/Grade 12 results
- Source of income of applicant and parents/guardian
  - Three months' payslips/Proof of grant income from SASSA /A sworn statement if unemployed
- Three months' bank statements of applicant and parents/guardian
- Death Certificates (if applicable)

**Please note:** If the above-mentioned documents are not attached and/or the application form is not signed, your application will not be considered. All documentation provided will be treated with strict confidentiality.

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I/WE HEREBY CONSENT TO THE PROCESSING OF THE PE	rsonal information and special personal
INFORMATION IN THE CASE OF A MINOR PROVIDED IN	THIS DOCUMENT FOR THE PURPOSES OF AN
APPLICATION FOR A BURSARY FROM THE WESTERN CAI	PE GOVERNMENT'S ELSENBURG AGRICULTURAL
TRAINING INSTITUTE.	
I DECLARE THAT THE ABOVE INFORMATION TO MY KNC	WLEDGE IS TRUE AND CORRECT AND ACCEPT THAT IF IT
WERE TO BE FOUND THAT I WITHHELD ANY INFORMATION	N; MY APPLICATION WILL BE CANCELLED IMMEDIATELY
SIGNATURE OF APPLICANT	DATE
IN CASE OF A MINOR	
SIGNATURE OF PARENT/GUARDIAN	DATE