

If you are currently a registered student at the Institute, declare the following:			
(a) Student number			
(b) Programme	<input type="checkbox"/> B.Agric	<input type="checkbox"/> Diploma in Agriculture	<input type="checkbox"/> Equine Studies
(c) Current year of study e.g. 1 st , 2 nd , 3 rd		(d) Minimum remaining period of course	
(e) Expected date of completion			
(f) Have you failed any modules? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify which module/s			

SECTION D: FINANCIAL DETAILS					
14. Details of	ID number	Initials	Surname	Occupation	Gross income per month
<i>Father</i>					
<i>Mother</i>					
<i>Guardian</i>					
<i>Spouse</i>					
15. Marital status of Provider	Unmarried	Married	Widower/ Widow	Divorced	
16. Applicant: Are you temporarily employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes: Name and Tel nr of employer:		Monthly income:		
17. Are/were you in receipt of another bursary/loan?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, Name of institution					
Nature of obligations					
Fulfilment of obligations	<input type="checkbox"/> Completed <input type="checkbox"/> 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.

SECTION F: DECLARATION

I/WE HEREBY CONSENT TO THE PROCESSING OF THE PERSONAL 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 CAPE GOVERNMENT'S ELSENBURG AGRICULTURAL TRAINING INSTITUTE.

I DECLARE THAT THE ABOVE INFORMATION TO MY KNOWLEDGE IS TRUE AND CORRECT AND ACCEPT THAT IF IT WERE TO BE FOUND THAT I WITHHELD ANY INFORMATION; MY APPLICATION WILL BE CANCELLED IMMEDIATELY.

SIGNATURE OF APPLICANT DATE

IN CASE OF A MINOR

SIGNATURE OF PARENT/GUARDIAN

DATE