

LAD 022



**LIMPOPO**  
PROVINCIAL GOVERNMENT  
REPUBLIC OF SOUTH AFRICA

**DEPARTMENT OF AGRICULTURE**

**APPLICATION FOR A BURSARY: 2025 ACADEMIC YEAR  
EXTERNAL**

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

- Identity document (**Applicant**)
- Identity document (**Parents/Guardian**)
- Death certificates (**If applicable**)
- Certified copies of qualifications
- Academic Record/Grade 12 Results and University acceptance letter
- Family income (**Salary advice not older than 3 months**)
- SASSA/GEFP confirmation letter (**If applicable**)
- Proof of unemployment obtainable from the Department of Labour (**if applicable**)

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

**NB. Please submit your application through post or 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): .....

Municipality (e.g. Aganang) .....

Ward .....

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: .....
Name of Degree/Qualification e.g. BSc. Agric Engineering: .....
Main Subjects/Courses: .....
.....
Period of study: .....
Level of study you are applying for (e.g. 1 <sup>st</sup> , 2 <sup>nd</sup> , Masters, etc): .....
Give a brief motivation of the chosen field: .....
.....

**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. INCOME STATUS**

Father's Occupation: .....

Mother's Occupation: .....

Guardian's Occupation: .....

Mark your combined parents or guardian's income (R)

< 15 000	15 000 – 35 000	35 000 and above	Attach proof of income for both parents and proof from SASSA/GEPIF
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**F. DETAILS OF PARENTS/GUARDIAN**

Title:.....

Surname:.....

Initials: .....

Full names: .....

Identity Number: .....

Relationship:.....

**Postal Address:****Residential Address:**

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E-mail: .....

Cellphone No: .....

Tel no. (h):.....

Code: .....

Tel no. (w): .....

Code: .....

Fax no.: .....

Code: .....

**G. DECLARATION BY THE APPLICANT**

I .....declare 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**