



agriculture

Department:
Agriculture
REPUBLIC OF SOUTH AFRICA



Annexure B1 2027

BURSARY APPLICATION FORM

- Undergraduate studies -

INSTRUCTIONS TO APPLICANTS:

- Closing date: 30 September 2026
- Use block letters to complete the form;
- Give concise answers and, where applicable, mark with an X;
- This form may only be used by persons who are not staff members of the department;
- Attach a recent copy of your ID, academic record and copies of qualification/certificates; affidavits will not be accepted;
- Incomplete or late applications will not be considered; and
- Forward your completed application together with supporting documents to the email address below:

Email address: Externalbursaries@nda.gov.za

A. PARTICULARS OF APPLICANT

Title: Surname:

Full names:

| | | | |
|------|--------------------------|--------|--------------------------|
| Male | <input type="checkbox"/> | Female | <input type="checkbox"/> |
|------|--------------------------|--------|--------------------------|

| | | | | | | | | | | | | | | | | | | | |
|-----------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Identity Number | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|-----------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|

| | | | | | | | |
|---------|--------------------------|----------|--------------------------|--------|--------------------------|-------|--------------------------|
| African | <input type="checkbox"/> | Coloured | <input type="checkbox"/> | Indian | <input type="checkbox"/> | White | <input type="checkbox"/> |
|---------|--------------------------|----------|--------------------------|--------|--------------------------|-------|--------------------------|

Nationality: Province:

Municipality: Area:

| | | | | |
|------------|-----|--------------------------|----|--------------------------|
| Disability | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
|------------|-----|--------------------------|----|--------------------------|

If YES, state the nature of disability:.....

.....



| | | | | | | | | | | | | | |
|--|-------------|--|--|--|--|--|--|-------------|--|--|--|--|--|
| Postal Address <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Postal Code</td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> </table> Email: Tel No (h): Tel No (w): Fax No: | Postal Code | | | | | | Residential Address <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Postal Code</td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> </table> Cellphone No: Code: Code: Code: | Postal Code | | | | | |
| Postal Code | | | | | | | | | | | | | |
| Postal Code | | | | | | | | | | | | | |

B. HIGH SCHOOL INFORMATION (COMPULSORY FOR ALL APPLICANTS)

Name of School:

| | | | | |
|----------------|--------|--|---------|--|
| Type of School | Public | | Private | |
|----------------|--------|--|---------|--|

| | | | | | |
|-------------------------------------|---|---|---|---|---|
| If PUBLIC, Indicate Quintile Rating | 1 | 2 | 3 | 4 | 5 |
|-------------------------------------|---|---|---|---|---|

| | | | |
|----------------------|----------|--|----------|
| Highest Grade Passed | Grade 11 | | Grade 12 |
|----------------------|----------|--|----------|

| Subjects (<i>List Them</i>) | Marks/Percentage | Level/Symbol |
|-------------------------------|------------------|--------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

.....
Principal's signature

NB: Principal's signature and school stamp is only applicable to learners currently in Grade 12.

SCHOOL STAMP



| Fields of Study | Cross ONLY ONE field of study [X] | |
|---|-----------------------------------|--|
| 1. BSc Eng. Agricultural (Bioresource) Engineering / Bachelor of Engineering in Agricultural and Biosystems Engineering | | |
| 2. Bachelor of Veterinary Science (BVSc.) | | |
| 3. Bachelor of Veterinary Nursing (BVetNurs.) | | |
| 4. BHSci. Veterinary Technology | | |
| 5. BSc Agric. Entomology | | |
| 6. BSc Agric. Food Science | | |
| 7. BSc Agric. Animal Health | | |
| 8. BSc Agric. Plant Pathology | | |
| 9. BSc Agric. Plant Science | | |
| 10. BSc Agric. Soil Science | | |
| 11. BSc Agric. Agronomy | | |
| 12. BSc Agric. Viticulture and Oenology | | |
| 13. BAS Food Science and Technology | | |
| 14. Diploma in Food Technology | | |
| 15. Advance Diploma in agriculture related fields | Plant Production | |
| | Animal Production/Science | |
| | Agriculture Management | |
| | Agricultural Extension | |
| | Food Science and Technology | |
| | Other (Specify) | |
| | _____ | |
| 16. BSc Agric. Honours Plant Pathology | | |
| 17. BSc Agric. Honours Entomology | | |

Mark the academic year of study for which you are applying

| | | | | | |
|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | 6 |
|---|---|---|---|---|---|

C. OTHER BURSARIES / STUDY LOANS

Are you presently studying with a bursary or study loan?

| | | | |
|-----|--|----|--|
| Yes | | No | |
|-----|--|----|--|

If yes, name of the bursary/study loan:

Annual value of the bursary/study loan:



D. INCOME STATUS (COMPULSORY FOR ALL APPLICANTS)

Father's occupation:

Mother's occupation:

Guardian's occupation:

Are you/Were you a SASSA child support recipient?

| | | |
|----|----------------------|------------------------------|
| No | Yes and it is active | Yes but it lapsed due to age |
|----|----------------------|------------------------------|

If yes, please attach proof from SASSA

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

| | | | | |
|---------------|--------------------|--------------------|--------------------|---------------|
| Below 120 000 | 120 001 to 240 000 | 240 001 to 350 000 | 350 001 to 600 000 | Above 600 000 |
|---------------|--------------------|--------------------|--------------------|---------------|

Attach proof of income for both parents and/or proof of income from SASSA. No affidavit

E. DETAILS OF PARENTS/GUARDIAN/NEXT OF KIN

Title: Surname:

Initials: Full names:

| | | | | | | | | | | | | | |
|-----------------|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Identity Number | | | | | | | | | | | | | |
|-----------------|--|--|--|--|--|--|--|--|--|--|--|--|--|

| | | | |
|--------------|--------|--------|---------------------------------|
| Relationship | Mother | Father | Other (<i>Specify</i>): |
|--------------|--------|--------|---------------------------------|

Postal Address

Residential Address

| | | | | |
|-------------|--|--|--|--|
| Postal Code | | | | |
|-------------|--|--|--|--|

| | | | | |
|-------------|--|--|--|--|
| Postal Code | | | | |
|-------------|--|--|--|--|

Email:

Cellphone No:

Tel No (h):

Code:

Tel No (w):

Code:

Fax No:

Code:



F. DOCUMENTATION

Please attach certified copies of the following:

- Identity document (**Applicant**);
- Identity document (**Parent(s)/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 three months**);
- SASSA confirmation letter (**If applicable**);
- Proof of unemployment obtainable from the Department of Labour (**If applicable**);
- (**No affidavit accepted**)

G. DECLARATION

I certify that the information supplied in this application is correct and that, if I am awarded a bursary, I will abide by the regulations applicable.

Signature: _____ Date: _____

If still a minor, signature of parent(s)/guardian: _____ Date: _____

CHECKLIST

| To be completed by the applicant | (Mark with an X) | |
|---|------------------|----|
| | Yes | No |
| Identity document (Applicant) | | |
| Identity document(s) (Parent(s)/Guardian) | | |
| Death certificate(s) (If applicable) | | |
| Academic record/Grade 12 results and university admission letter | | |
| SASSA confirmation letter (If applicable) | | |
| Proof of income (Salary advice not older than three months) | | |
| Proof of unemployment obtainable from the Department of Labour (If applicable) | | |

Important notes for applicants:

- Applicants who are not in possession of their university admission letter or final results can submit their application while waiting for the said documents. However, these documents must be submitted within **three (3) days after the release of Grade 12 results in January 2027**.
- No late applications will be considered.
- **No affidavit will be accepted**

