



SANA

South African Nursery Association
Suid-Afrikaanse Kwekersvereniging

P O Box 514, Halfway House, 1685
Telephone: 072 994 5368 Mobile: 082 780 7628
Fax: 086 718 7268
E-mail: info@sana.co.za
Nonprofit Organisation Registration number: 031-316-NPO
VAT No: 4240116287

APPLICATION FOR BURSARY 2015

BSc, BSc (Hons) MSc, Ph.D Agric degrees in Horticultural Science, National Diploma or Higher Diploma in Horticulture

All applicants must have completed and passed 3 first academic year subjects before their applications will be considered. All applicants may be contacted for an interview with a member of the SANA executive in their region.

A copy of your ID must be submitted along with your application. If additional supporting documents and ID are not attached, or the application form is not completed correctly, the application will be rejected.

Closing date for consideration will be 31 December for interviews the following January.

Bursary Applications can be submitted via email to info@sana.co.za or by Fax 086 7187268:

1. Surname:

2. Name:

3. Date of Birth:

4. Citizenship:

ID No:

| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Student No:

| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

5. Marital Status:

6. Number of children and other dependents:

7. Residential Address:

.....

8. Contact Details

Cell Phone number:

Work Telephone:

Alternative contact:

E-mail Address:

9. Current Working Status (please tick applicable block)

Working

Unemployed

Full time student

OFFICE USE

If working, please give details of employment:

.....

10. Work experience including number of years. Have you had any previous experience working in a nursery or landscaping? Where, when and for what period of time?

.....

.....

.....

.....

11. Name of Qualification:

NB: First Year of Registration:

12. Name of institution where you are currently registered:

.....

12. **STUDENT'S ACADEMIC RECORD**

List all the subjects that you have passed and the year you passed them

| Subjects | Year Passed | Subject code |
|----------|-------------|--------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Vertical box labeled OFFICE USE

13.1 How have you paid for your tuition so far?

.....

13.2 Outstanding Monies with Institution YES NO

Amount: R

13.3 Subjects to register for in current year:

| Subject | Subject code | Cost |
|---------|--------------|-------|
| | | |
| | | |
| | | |
| | | |
| | | |

14. Details of previous other studies undertaken - **Enclose copies of all certificates:**

.....
.....
.....

15. Describe which area of horticulture/landscaping you intend to pursue once qualified and why:
ie: grower, retailer, landscaping etc.

.....
.....
.....

16. Details of parent or guardian

16.1 Name

16.2 Residential address:

.....

16.3 Contact telephone number:

Icertify that the information contained in the application is correct and true.

.....
Applicant

.....
Date

| |
|---------------|
| OFFICE USE |
| |