APPLICATION FOR BURSARY

I, the undermentioned student, hereby apply for a bursary from the SASOL Agriculture Trust to study for the degree at the university as mentioned, in order to complete the course or thesis stated in this application.

NAME OF INSTITUTION, DEGREE AND COURSE	
(Name of Institution)	
(Course Enrolled for or Title of Thesis)	
DEGREE AND BURSARY PERIOD APPLIED FOR	
One year for Honours students.*	
OR Two years for MSc students.* OR	
Three years for PhD students.*	
(* Delete whichever is not applicable).	
PERSONAL PARTICULARS OF STUDENT	
(Title and full names)	(Identity Number)
(Telephone Number)	(Fax Number)
(Postal Address)	(Physical Home Address – Domicilium)
(e-mail Address)	(Cellphone Number)
NOMINATED MENTOR	
(Title and name)	(e-mail Address)
(Telephone Number)	(Fax Number)

[NB PLEASE ENCLOSE A CURRICULUM VITAE, YOUR FULL PAST STUDY PARTICULARS, A SHORT SUMMARY OF THE INTENDED THESIS, AND A COPY OF YOUR ID TO THIS APPLICATION]