



# SANA



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 Telephone: 0729945368 / 71 Fax: 086 7187268  
 E-mail: [info@sana.co.za](mailto:info@sana.co.za) Website: [www.sana.co.za](http://www.sana.co.za)  
**Nonprofit Organisation Registration number: 031-316-NPO**

## APPLICATION FOR BURSARY

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](mailto: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

**If working, please give details of employment:**

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<b>OFFICE USE</b>



13.3 Subjects to register for in current year:

Subject	Subject code	Cost
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

OFFICE  
USE

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

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

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16. Details of parent or guardian

16.1 Name .....

16.2 Residential address: .....

.....

16.3 Contact telephone number: .....

I .....certify that the information contained in the application is correct and true.

.....  
Applicant

.....  
Date