



CHECK LIST

Please complete the Check list below before faxing or emailing

1. Have you passed 3 (three) first year subjects? If yes, please list: • • •		
2. Have you completed all the questions on your bursary application?		
3. Did you remember to note the cost of each subject?		
4. Did you attach an application form for your student membership?		
5. Did you attach a copy of your ID?		
6. Did you attach a copy of your academic record?		
7. Did you attach your October/November results?		
8. Did you attach a copy of the institution's banking details?		
9. Did you attach a copy of your new academic year 2018 registration form? (Only students who have registered for the academic year 2018 will be considered for a bursary)		
10. Completed the SANA Student Membership		



APPLICATION FOR STUDENT MEMBERSHIP 2018

Student Name:				
Name of Institution registered at:				
Course of study:				
Which yr.: 1st, 2nd, 3rd, 4th				
Remaining Subjects to qualify				
Subjects Currently registered for?				
Are you temporary employed, if so where?				
Are you permanently employed, if so where?				
Postal Address:				
Physical Address:				
Tel:		Fax:		
Cell:		Email:		
Next of kin:		Cell:		Relationship

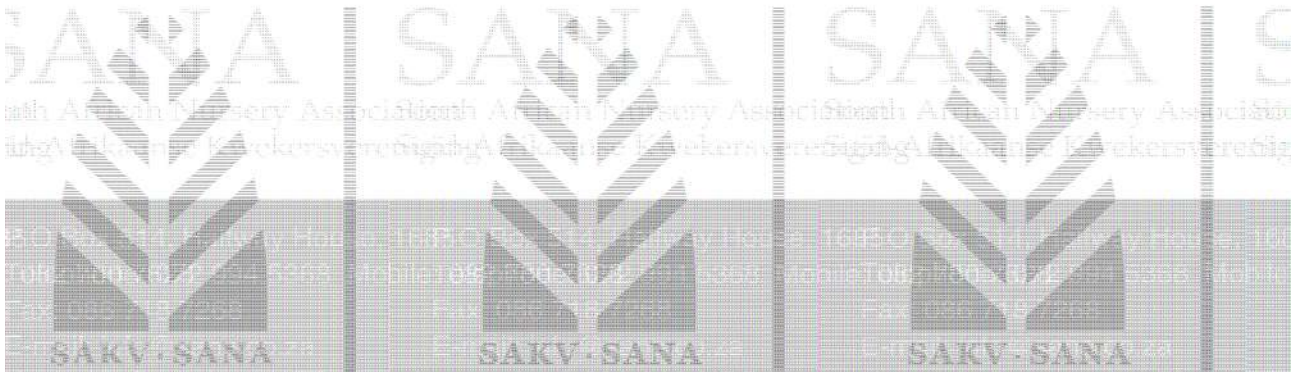
ONLY STUDENTS WHO IS CURRENTLY ENROLLED IN A TERTIARY INSTITUTION MAY APPLY

MEMBERSHIP BENEFITS

- Membership is free of charge.
- Regular communication to members through electronic newsletters (Snippets) covering matters relating to our Industry, important dates and more.
- Receive a bi-annual copy of the SANA Magazine.
- Be invited as a visitor to the rapidly growing SANA TRADE FAIRS held in Gauteng (twice a year) and KZN, where you will have an unobstructed view of how the nursery industry operates.

Signed at _____ this _____ day of _____ 2018.

Signature: _____



APPLICATION FOR BURSARY 2018

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 20 January 2018 for interviews the following February/March 2018.

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

1. Surname:
2. Name:
3. Date of Birth:
4. Citizenship:

ID No:

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Student No:

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Institution:

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Region:

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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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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?

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11. Community projects: Have you participated in any community projects, if yes please give detail of where and when:

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12. Name of Qualification:

NB: First Year of Registration:

13. Name of institution where you are currently registered:

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14. Year of Current Studies:

15. Where do you live and are you studying in the same place. If not, which town are you studying in?

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16. STUDENT'S ACADEMIC RECORD

Please attached a copy of your academic record for each year passed - compulsory

17. How have you paid for your tuition so far?

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18. Outstanding Monies with Institution YES NO

Amount: R

19. Subjects to register for the **NEW** Academic year:

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

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

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

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22. Details of parent or guardian

23. Name

Residential address:
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Contact telephone number:
.....

24. **PLEASE GO THROUGH THE CHECK LIST INFONT TO ENSURE APPLICATION IS COMPLETE, IF NOT TICKET, THE APPLICATION WILL NOT BE TAKEN INTO CONSIDERATION**

I (full name and surname).....certify that the information contained in the application is correct and true.

.....
Applicant

.....
Date