

# **ILASA BURSARY APPLICATION FORM**

**ADMINISTERED AND FUNDED BY ILASA** 

Please write clearly in block capitals and read the instructions carefully before completing the form and ensure that all sections and questions are fully answered or filled in to prevent you from being disqualified from the selection process

# CHECKLIST OF ITEMS TO BE INCLUDED WITH YOUR RETURNED APPLICATION FORM, MAKE SURE THAT EVERY ITEM HAS BEEN TICKED YES BEFORE RETURNING THE APPLICATION FORM:

Please put a tick into the appropriate column for each item	Yes
Are Certified copies of ID documents of student and financial sponsors	
(breadwinners) i.e. parents / guardians attached (Sections A and C)?	
Is a Certified copy of Official Academic record for previous year/s of study at	
your tertiary institution attached (Section B of application form)?	
Proof of offer or acceptance to study at intended tertiary institution (if	
available)	

NOTE: that only one of the three financial statements below is applicable and the		
appropriate one must be answered / ticked accordingly.		
Is a certified copy of the financial balance sheet attached, if the breadwinner/s		
is self-employed (Section C of application form).		
Is an affidavit attached, if the breadwinners/s is/are unemployed and is Section		
C fully completed (Section C of application form).		
Is a copy of the household breadwinner/s payslip attached (Section C of		
application form).		

# SECTION A – STUDENT'S PERSONAL AND HOME DETAILS

Title: Mr/ Mrs	Surname:					
First names:						
Identity number:						
						•
Date of birth:	day	month	year	Age:	Citizen- ship:	-
Gender:	Male: Female:		Ethnicity:	African: Coloured:	Indian: White:	
	Terriale.			coloureu.	winte.	
Physical /Home Add	ress:					
			Nearest Town	/		
	City:					
Postal Address:						
Postal Code:			Province:			
			-	-		
Home Telephone Nu	mber		Cell Phone/s			
E-mail Address/es						
Please explain if						
you suffer from any chronic or						
physical handicap:						

# SECTION B.1 – ACADEMIC ACHIEVEMENT DETAILS OF SCHOOL/PREVIOUS YEARS OF STUDY

Name of <u>current / recent</u> University or School attended		
Name of current / recent course or degree and year of study		
Lecturer/ Programme manager name of degree or course above	Telephone number/s	
Parent/ Guardian Telephone Number/s:	Email Address/es:	

Please list your subjects or courses and results of the previous two years in the following columns. Please indicated if results are not yet available. Please attach a certified copy of your latest Official Academic Record from school and/or your previous year/s of study.

Year:	Level/	Year:	Level/
Degree / programme:	Symbol	Degree / programme:	Symbol
Subjects	or %	Subjects	or %
1.		1.	
2.		2.	
3.		3.	
4.		4.	
5.		5.	
6.		6.	
7.		7.	
8.		8.	
9.		9.	
10.		10.	
11.		11.	
12.		12.	

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### SECTION B.2 – FUTURE STUDIES FOR WHICH YOU ARE APPLYING FOR FUNDING

Fill in the name of your <u>intended</u> tertiary institution and tick proposed course of study you <u>intend</u> enrolling for in 2025:

	I course level (only SACLAP accredited courses are covere	ed):
Choose Study Discipline and state whether	Diploma or Degree (Mark with X)	
MLArch / MLA	Advanced Diploma in Landscape Architecture	
ML(Prof)	Diploma in Landscape Architecture	
BSc(Landscape Architecture)(Hons) / BLA (Hons)	Other:	
What are your estimated cost? (Note that a	a maximum of R40 000 is granted per student)	
Annual Tuition Fees		
Annual Registration Fees		
Annual Residence Fees (only considered in exceptional circumstanc tuition fees take preference)	res;	
you are intending to apply to more than o	ne academic institution for landscape architectural studi	
ease provide the name of the institution, o	degree and costs for those not listed above:	ies in 202
ease provide the name of the institution, o	degree and costs for those not listed above:	ies in 202
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ease provide the name of the institution, o		ies in 202

What Landscape Architectural career do you intend following on completion of your studies:

#### SECTION C - FAMILY AND FINANCIAL DETAILS DECLARATION OF FINANCIAL POSITION

To be completed by the parent/s, guardian/s or person/s on whom the applicant is dependent for financial support or assistance by clearly stating the relationship to the applicant.

NOTE: That this application will not be considered unless this declaration has been fully completed, sworn to and signed in the presence of a Commissioner of Oaths (e.g. minister of religion, postmaster, sr police officer, etc).

Documents to be submitted with the application form are as follows:

- Certified copy of the most recent pay-slip of the breadwinners.
- Certified copy of the balance sheet of breadwinners if self-employed.
- An unemployed parent / guardian / husband / wife should indicate unemployed on the declaration and submit a sworn affidavit to that effect.
- If there is no one in the family who is formally employed, state where the family income is derived from e.g. hawking, seasonal employment, etc.

Full name and surname of student:										
Name of person on whom student i	is depender	nt for fina	ancial sup	port: _					_	
Financial supporter's Identity No.										
Financial supporter's relationship to	o student: _						_	 _ Age:		
Date of birth:	Occup	ation of	financial s	support	ter:					
Full name and address of financial s	supporter's	employe	r or own	busine	ss:					
Contact Numbers: Home:		Wo	rk:				Cell:			
INCOME STATEMENT DECLARATIO	N (if necess	ary and	where ap	plicabl	le):					
Gross monthly income of father/gu	ardian:									
Gross monthly income of mother/w	vife/husban	d:								
Other monthly income (e.g. mainte	nance, rent	from pro	operty, et	:c):						
TOTAL MONTHLY INCOME:										
Signature of parent/guardian/wife/	husband:					Da	te:			

### **SECTION D - MOTIVATION AND DECLARATION**

Please motivate the support of your application for a b	ursary in terms of your academic ability, financial need
and future career plans (use extra paper if necessary).	
	· · · · · · · · · · · · · · · · · · ·
NOTE: The final selection is based on your final year-end	I results, which should reach us within 20 days of the
results being made available to you.	
1	_ (print full name and surname) declare that this
information provided by me, is to the best of my knowle	edge correct and true and that I have not applied or been
awarded any other bursaries, which would disqualify my	application. This declaration must be signed in the
presence of the Commissioner of Oaths.	9
presence of the commissioner of outris.	
Signature of student	Date
Signature of student	Date
TO BE COMPLETED BY A	COMMISSIONER OF OATHS
THE ABOVE DECLARATIONS MUST BE CONFIRMED BY	A COMMISSIONER OF OATHS.
I certify that the deponent has acknowledged that he	/ she knows and understands the contents of this
affidavit / declaration, which were sworn to before m	e
·	
at on this day of	(month) (vear)
at on this day of	(IIIOIIII) (year)
Commissioner of Oaths (please print name)	Signature
	Signature
Commissioner of Oaths (please print name)  Official Commissioner of Oaths stamp and date:	Signature
	Signature

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FAILURE TO FULLY COMPLETE AND SIGN THIS APPLICATION FORM TRUTHFULLY BY ALL RELEVANT PARTIES MAY LEAD TO YOUR DISQUALIFICATION.

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# IMPORTANT INFORMATION TO READ THOROUGHLY BEFORE YOU FILL IN THE ACCOMPANYING BURSARY APPLICATION FORM

ILASA will be in contact with successful applicants firstly, after which we will be notifying the nonsuccessful applicants

- Please complete the accompanying application form and return it to the ILASA Bursary Committee on/before the 29<sup>th</sup> November 2024.
- All applications should be made up of original/certified documentation and should be scanned and emailed
  in order to be considered. (Receipt of application documentation will be acknowledged by email).
- E-mailed copies of original documents should be sent to <u>ilasa@ilasa.co.za</u> and cc'ed to <u>christine.price@uct.ac.za</u>
- The original paper copies of all documents should be kept on file by the awarded student should reference have to be made to them.
- All application forms that are incomplete will be disqualified.
- All awarded bursaries will be TERMINATED if no original documents are produced on request AFTER THE AWARD IS MADE.
- For submission queries, please contact the ILASA Bursary Committee Chair (Christine Price):

Cell: +27 84 5999 775

Email: christine.price@uct.ac.za

People with disabilities are encouraged to apply.

#### How are bursaries awarded?

- Bursaries are awarded according to the ILASA bursary policy (see Annexure A), academic merit, financial need, the requirements of the various tertiary institutions and the availability of funds.
- Final selections are made by the ILASA NEC.
- Bursary funds are paid out directly to tertiary institutions and other relevant service providers bursary fund monies are ONLY paid out directly to parents/guardians/students under exceptional circumstances.
- This bursary should be seen as a 'helping hand' and as such a maximum of R40 000 will be awarded per applicant.

#### Who is eligible for an ILASA Bursary?

- ONLY citizens or naturalized citizens of the Republic of South Africa.
- ONLY applicants who intend to study or who are already studying for an approved Landscape Architectural
  under graduate or post graduate qualification at a tertiary institution in South Africa, which is registered
  and accredited SACLAP (South African Council of the Landscape Architectural Profession). Current
  accredited institutions are the University of Pretoria (UP), University of Cape Town (UCT), Tshwane
  University of Technology (TUT), and the Cape Peninsula University of Technology (CPUT).

#### What are the minimum requirements for an applicant to be considered?

 ONLY Applicants who are currently enrolled for a course in the Landscape Architectural profession with a SACLAP accredited tertiary institution and have an average aggregate of 60% or higher in their previous year of study will be considered.

#### **GUIDELINES FOR PROOF OF INCOME**

#### Applicants for ILASA bursaries must attach proof of family income to the application forms.

- Parents/guardians must attach the most recent pay slip not older than three (3) months or an official company letter confirming their income.
- Unemployed parents / guardians must attach official confirmation regarding temporary income.
- Copies of the parents / guardian's identity documents should also be attached to the application form.

#### Guidelines for salary advices.

- Salary advices should not be older than six months.
- Confirm payment period i.e. weekly / fortnight / monthly.

#### Pensioners.

- Copies of the pension advice from social welfare must be submitted.
- The pension advice should not be older than six months.
- In case where the pensioner does not receive a pension advice, an affidavit from the Department of Social Services must be provided.

#### Self-employed / business owners.

- The latest official income statement must be provided.
- The latest tax clearance certificate must be provided.