



**ILASA**

Institute for Landscape  
Architecture in South Africa

## **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)? |     |

| <b>NOTE: that only one of the three financial statements below is applicable and the appropriate one must be answered / ticked accordingly.</b> |  |
|---|--|
| 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

|                         |         |                 |  |  |  |  |  |  |  |  |  |  |  |  |
|-------------------------|---------|-----------------|--|--|--|--|--|--|--|--|--|--|--|--|
| <b>Title:</b>           | Mr/ Mrs | <b>Surname:</b> |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>First names:</b>     |         |                 |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Identity number:</b> |         |                 |  |  |  |  |  |  |  |  |  |  |  |  |

|                       |         |       |                   |             |  |                      |  |
|-----------------------|---------|-------|-------------------|-------------|--|----------------------|--|
| <b>Date of birth:</b> | day     | month | year              | <b>Age:</b> |  | <b>Citizen-ship:</b> |  |
| <b>Gender:</b>        | Male:   |       | <b>Ethnicity:</b> | African:    |  | Indian:              |  |
|                       | Female: |       |                   | Coloured:   |  | White:               |  |

|                                |  |                             |  |
|--------------------------------|--|-----------------------------|--|
| <b>Physical /Home Address:</b> |  |                             |  |
|                                |  |                             |  |
|                                |  |                             |  |
| <b>Rural / Urban:</b>          |  | <b>Nearest Town / City:</b> |  |
| <b>Postal Address:</b>         |  |                             |  |
|                                |  |                             |  |
| <b>Postal Code:</b>            |  | <b>Province:</b>            |  |

|                              |                     |
|------------------------------|---------------------|
| <b>Home Telephone Number</b> | <b>Cell Phone/s</b> |
| <b>E-mail Address/es</b>     |                     |
|                              |                     |

|  |  |
|--|--|
| <b>Please explain if you suffer from any chronic or physical handicap:</b> |  |
|--|--|

## SECTION B – ACADEMIC ACHIEVEMENT DETAILS OF SCHOOL/PREVIOUS YEAR OF STUDY

Please attach a certified copy of your Official Academic Record from school and/or your previous year/s of study.

|   |  |                           |  |
|---|--|---------------------------|--|
| <b>Name of intended University</b>          |  |                           |  |
| <b>Address of intended University</b>       |  |                           |  |
| <b>Lecturer/ Programme manager name</b>     |  | <b>Telephone number/s</b> |  |
| <b>Intended course &amp; year of study</b>  |  |                           |  |
| <b>Parent/ Guardian Telephone Number/s:</b> |  | <b>Email Address/es:</b>  |  |
|   |  |                           |  |

| <b>2020 Course / Matric Results</b> |                | <b>Level/ Symbol or %</b> |
|-------------------------------------|----------------|---------------------------|
|                                     | <b>Subject</b> |                           |
| 1.                                  |                |                           |
| 2.                                  |                |                           |
| 3.                                  |                |                           |
| 4.                                  |                |                           |
| 5.                                  |                |                           |
| 6.                                  |                |                           |
| 7.                                  |                |                           |
| 8.                                  |                |                           |
| 9.                                  |                |                           |
| 10.                                 |                |                           |
| 11.                                 |                |                           |
| 12.                                 |                |                           |

| 2021 First Semester Course Results<br>Subject | Level/<br>Symbol<br>or % | 2021 Second Semester Course Results (if<br>available)<br>Subject | Level/<br>Symbol<br>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.  |                          |

Fill in the name of your intended University / University of Technology and tick proposed course of study you intend enrolling for in 2022:

|  |
|--|
| <b>Name of intended academic institution and course level:</b> |
|  |

| <b>Choose Study Discipline and state whether Diploma or Degree (Mark with X)</b> |  |                            |  |
|--|--|----------------------------|--|
| MLArch   |  | BTech Landscape Technology |  |
| ML(Prof)   |  | NDip Landscape Technology  |  |
| BL(Hons)   |  | Other:                     |  |
| BSc(Landscape Architecture)  |  |                            |  |

| <b>What will your estimate cost be for the following?</b> |  |
|---|--|
| Annual Tuition Fees                                       |  |
| Annual Registration Fees                                  |  |

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

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## 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 is dependent for financial support: \_\_\_\_\_

|   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| <b>Financial supporter's Identity No.</b> |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Financial supporter's relationship to student: \_\_\_\_\_ Age: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Occupation of financial supporter: \_\_\_\_\_

Full name and address of financial supporter's employer or own business: \_\_\_\_\_

Contact Numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

### **INCOME STATEMENT DECLARATION (if necessary and where applicable):**

Gross monthly income of father/guardian: \_\_\_\_\_

Gross monthly income of mother/wife/husband: \_\_\_\_\_

Other monthly income (e.g. maintenance, rent from property, etc): \_\_\_\_\_

**TOTAL MONTHLY INCOME:** \_\_\_\_\_

Signature of parent/guardian/wife/husband: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION D - MOTIVATION AND DECLARATION**

Please motivate the support of your application for a bursary in terms of your academic ability, financial need and future career plans (use extra paper if necessary).

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**NOTE:** The final selection is based on your final year-end results, which should reach us within 20 days of the results being made available to you.

I \_\_\_\_\_ (print full name and surname) declare that this information provided by me, is to the best of my knowledge 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.

\_\_\_\_\_  
Signature of student

\_\_\_\_\_  
Date

| <b>TO BE COMPLETED BY A COMMISSIONER OF OATHS</b>  |                    |
|--|--------------------|
| <b>THE ABOVE DECLARATIONS MUST BE CONFIRMED BY A COMMISSIONER OF OATHS.</b>  |                    |
| I certify that the deponent has acknowledged that he / she knows and understands the contents of this affidavit / declaration, which were sworn to before me |                    |
| at _____ on this day of _____ (month) _____ (year)   |                    |
| _____<br>Commissioner of Oaths (please print name)   | _____<br>Signature |
| <b>Official Commissioner of Oaths stamp and date:</b>  |                    |

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



## 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 non-successful applicants**

- Please complete the accompanying application form and return it to the ILASA Bursary Committee on/before the **22<sup>d</sup> of November 2021**.
- 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 [ilasa@ilasa.co.za](mailto:ilasa@ilasa.co.za) and cc'ed to [nadia@citygreenla.co.za](mailto:nadia@citygreenla.co.za)
- 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 (Nadia Funke):  
Cell: +27 84 804 8924  
Email: [nadia@citygreenla.co.za](mailto:nadia@citygreenla.co.za)
- People with **disabilities** are encouraged to apply.

### **How are bursaries awarded?**

- Bursaries are awarded according to the ILASA bursary policy, academic merit, financial need, the requirements of the various universities 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.

### **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).

### **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.