280 Pretoria Street, Silverton, Pretoria Private Bag X112, Pretoria 0001, South Africa

List qualification name for the 2025

Tel: +27 (0)12 841 1911 Fax: +27 (0)12 841 1221 email: info@geoscience.org.za website: www.geoscience.org.za

No.



Indicate the qualification

COUNCIL FOR GEOSCIENCE FULL-TIME BURSARY APPLICATION FORM

Level of Study

	intake		(*	st,2 nd ,3 rd year)		type applying for (BSc, BSc Hon, MSC, PhD)	
1.							
2.							
3.							
			Duration of the	e intended study			
FULLTIME BURSARY APPLICATION FORM 2025 Processing of Personal Information will be done in accordance with CGS Protection of Personal Information (Privacy) and Retention of Documents Policy, and POPIA						of Personal	
Surn	ame & Namo	9 :		Gender: Race:			
Cour	ntry of Birth:			ID Number:			
Date of birth: Mobile:				E-mail:			
Home Address:				Residential Address:			
City/	Town:	Province:	Postal Code:	City/Town:	Provinc	ce:	Postal Code:

PRE-TERTIARY EDUCATION								
Name of High/Se	condary School	ol:						
School Address:								
Tel:			Email:					
City/Town:	City/Town: Province:		Postal Code:					
Mathematics - Achieved Level:			Physical Science - Achieved Level:					
	INSTITU	TION OF HIGHER	≀ LE	ARNING EDU	CATION			
Section A (application	able to learners	who have comple	ted n	natric/grade 1	2)			
Have you applied	d at a University	y (mark with X):		Yes		No		
Have you been accepted at a University (mark wit X):			th	Yes		No		
Name of the University:				Student number:				
Initial year of registration of the qualification & field of study applying for:								
Do you have any other bursaries you've applied for and/or any bursary grants which you have already been granted, YES/NO (if yes, please attach bursary contract):								
Section B (applicable to student who are enrolled at a university i.e. 1st, 2nd, 3rd 4th and/or final year)								
Name of the University:			Student number:					
Initial year of registration of the qualification & field of study applying for:								
RESEARCH TOPIC (BSc Hons, MSc & PhD):								

1. Alternative Contact Person	2. Alternative Contact Person		
Name:	Name:		
Surname:	Surname:		
Mobile:	Mobile:		
Email:	Email:		
Home Address:	Home Address:		

Have you attached the following documents (mark with X)

Documents	Please mark	Documents	Please mark
ID copy (certified)		An updated CV	
Grade 12 certificate (certified)		Proof of Acceptance by the University	
Academic transcript		Provisional Admission by the University	
Motivation Letter			

Have you received a CGS bursary before?

Yes/No	Qualification	Year Awarded	Status (in progress, completed or incomplete)
If not con	npleted, state the reasons for non-complet	tion:	

NB: This form should not be changed or altered. Incomplete and late application form will be disqualified.

CLOSING DATE: 21 MARCH 2025					
I declare that that the information supplied in this application is to the best of my knowledge true and correct. I understand that any false information will automatically disqualify me.					
Signature					
Date					

NB: If you have not been contacted within one (1) month after the closing date, please accept that your application was unsuccessful.

Effective date: 06/03/2025