

ANFASA GRANT SCHEME FOR AUTHORS (AGSA) APPLICATION FORM FOR A GRANT

Please complete this application, print it, sign it, scan it and send it as an e-mail attachment to info@anfasa.org.za before 30 September 2016.

Only ANFASA members are eligible to apply. If you are not already a member, please send your membership application form together with this form.

1. YOUR NAME:	
2. TITLE OF YOUR BOOK (OR PROVISIONAL TITLE):	
In the space below, please write book on which you are working.	a short (500-word maximum) description/summary of the

3. YOUR DETAILS:						
First name(s):						
Family name: Sex M/F:						
Title: Ms/Mr/Mrs/Dr/Prof/Rev: Date of birth:						
Landline phone: Mobile:						
E-mail address:						
Province:						
Profession:						
Organisation or institution at which you work (if applicable):						
4. Have any of your books been published? If so, please list them here.						

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When do	you expect to finis	h writing?				
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9. Finally, please briefly pro you think will be helpful to	•	•	•
Declaration: I hereby declar application and that all the			s necessary for this
Signature:		Date:	
Thank you for submitting during the month of Octob			

in November.