

DEPARTMENT OF TOURISM EXTERNAL BURSARY APPLICATION FORM

INSTRUCTIONS REGARDING THIS BURSARY FORM

- It is not for Department of Tourism (DT) staff members
- Note the closing date for the bursary application
- Use block letters to complete the application form
- Give concise answers and where applicable mark
- Attach copies as indicated in H (page 8) certified copies will be requested after the selection process
- Incomplete or late applications will not be considered
- Applications can be mailed or hand delivered.
- Applications can be mailed to:

The Director General
Department of Tourism
Private Bag X424
Pretoria
0001

• For attention: Skills Development – Ms. Koketso Malemela- (012) 4446191, Mr Lucky Shiviti (012) 4446172, Ms Kgomotso Taunyane (012) 4446164.

How did you know about Department Tourism bursaries?

Newspaper	University staff	Friends	Internet	Career awareness	Other, specify

A. PARTICULARS OF APPLICANT

TitleSurnam	ne			
 Final				
First Name				
Male Fer	male			
Identity number]		
Race				
African	Asian	Coloured	Indian	White
Nationality				
Province				
Disability Yes No				
Marital status		Hom	ne language	
Postal Address		Resi	dential address	
Post code		Pos	t code	
Cell-phone no				
Tel.no: (h)code				
Tel.no: (w)code				
Fax.no:		code		
E-mail				
Employed				

Yes No				
EMPLOYER			(please ignore if	not employed)
B. PARTICULA	RS OF APPLICAN	Т		
A 1: 6				
Applying for:				
DIPLOMA	BACHELOR	HONOURS	MASTERS	DOCTORATE
Student number				
At which university/i	nstitution are you a	oplying to study/ cu	rrently studying	
Degree Title				
Major/ main subjects				
Mark the academic	year for which you a	are applying		
1	2	2	3	4
Short description or	title of proposed res	search project (if ap	oplicable)	
Details of the research (research) to society		te the problem stat	ement and the import	ance of your study

. EDUCATIONAL QU	ALIFICATIONS			
st all the diplomas/de	grees obtained, includ	ling the present de	gree	
Doggo / Diploma	First	Year	Full time/	Name of Institution
Degree/Diploma	registration	obtained	Part time	name of institution
	registration	Obtained	1 art time	
D FULL AFRICIES	000150 05 40405		D	E/DIDLOMA
	COPIES OF ACADE			EE/DIPLOMA
RIAINED WILL BE F	REQUESTED AFTER	THE SELECTION	PRUCESS	
you are not currently	enrolled at an educati	onal institution, plo	aso indicato what	vou are deing at
resent	emoned at an educati	onai institution, pie	ase mulcale what	you are doing at
COOTIC				

Do you presently study with a bursary?	Yes	No	
If yes, what is the name of the bursary?			_
Annual value of the bursary?			
Father's occupation.			
Mother's occupation			
Guardian's occupation			
Mark your father's monthly income group: <r3 000="" 500="" 501-r15="" r3="">R15 001</r3>			
Mark your mother's monthly income group: <r3 000="" 500="" 501-r15="" r3="">R15 001</r3>		swo	of of income or rn affidavit to attached
Mark your guardian's monthly income group: <r3 000="" 500="" 501-r15="" r3="">R15 001</r3>			attaonoa
How many other dependents are still at home?			
Number of dependents at tertiary institution			
Number of dependents still at school			
Do you have or have you received a study loan? Yes No			
If yes, name of loan			
For what purpose			
When did you get it?			
For how long are you intending to use it?			

E. RESEARCH EXPERIENCE AND	ОИТРИТ
List all scientific articles/papers you	have published and /or presented and the name of the journal or
conference where the article was pu	ublished or was presented.
Article title	
Authors	
Journal names/Conference name	
Date published/presented	
Article title	
Authors	
Journal names/Conference name	Date
published/presented	
F. DETAILS ABOUT PARENTS/GU	JARDIANS/NEXT OF KIN
Title	
Surname	
Sumame	
Initials	
Identity number	
Relationship	
Mother Father	Other, specify
Postal Address	Residential address

D ()	D 1 1
Post code	Post code
Tel.no: (h)	Code
Tel.no: (w)	Code
	Code
1 UX.110	
□iI	Call whome we
E-mail	Cell-phone no
·	
G. MOTIVATE WHY SHOULD Y	OU BE CONSIDERED FOR THIS BURSARY
G. M.OTHYKIE WITH OHOOED I	100 DE CONCIDENCED I ON THIS BONG/INT

H. DOCUMENTATION

Please attach the certified copies of the following: NB!

- Qualifications
- Recent academic records
- ♣ Confirmation of registration if already registered with institution of higher learning.
- ♣ Family income if parents are employed or affidavit if parents are unemployed
- Admission letter
- ♣ Research proposal (applicable to honors and masters)

Kindly note that the successful candidate will be expected to sign a bursary contract.

I. DECLARATION I hereby declare that the information provided in this application is correct and true in every respect. I am aware that failure to render correct information will lead to my application being disqualified. Therefore

aware that failure to render correct information will lead to my application being disqualified. Therefore should I be awarded the bursary, I will abide by the regulations applicable.				
Signature of applicant	Date			
If still a minor, signature of the parent/ guardian	Date			