

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 were applicable mark
- Attach certified copies as indicated in H (page 8)
- Incomplete or late applications will not be considered
- Applications can be mailed, hand delivered or e-mailed.
- Applications can be mailed to:

The Director General
Department of Tourism
Private Bag X424
Pretoria
0001

• For attention: Skills Development – Ms. Koketso Malemela- at kmalemela@tourism.gov.za (012) 4446191, Mr Lucky Shiviti at Ishiviti@tourism.gov.za (012) 4446172, Ms Kgomotso Taunyane at ktaunyane@tourism.gov.za (012) 4446164.

How did you know about Department of Tourism bursaries?

| Newspaper | University | Friends | Internet | Career | Other, specify |
|-----------|------------|---------|----------|-----------|----------------|
| | staff | | | awareness | |

| A. | PARTICULARS OF APPLICANT | |
|---------------|--------------------------|--|
| Title | Surname | |
| First Name |) | |
| N | Male Female | |

| Identity number | | | | |
|------------------------|-------|----------|---------------------|---------------|
| African | Asian | Coloured | Indian | White |
| Nationality | | | | |
| | | | | |
| Disability Yes No | | | | |
| Marital statuslanguage | | Н | ome | |
| Postal Address | | R | esidential address | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Post code | | P | ost code | |
| Cell-phone no | | | | |
| Tel.no: (h)code | | | | |
| Tel.no: (w)code | | | | |
| Fax.no: | | code | | |
| E-mail | | | | |
| Employed Yes No | | | | |
| EMPLOYER | | | (please ignore if r | not employed) |
| | | | | |

PARTICULARS OF POST-GRADUATE WHO WISHES TO RECEIVE THE BURSARY B. DIPLOMA **B-TECH HONOURS MASTERS DOCTRATE** Student number..... At which university/institution are you studying...... Major/ main subjects..... Mark the academic year for which you are applying 2 4 1 3 Short description or title of proposed research project (if applicable) Details of the research proposal. Indicate the problem statement and the importance of your study(research) to society

C. EDUCATIONAL QUALIFICATIONS

| Degree/Diploma | First | Year obtained | Full time/ | Name of |
|---------------------|---------------------|---------------|------------|-------------|
| Degree/Diploma | registration | Tear obtained | Part time | Institution |
| | 3 | | | |
| | | | | |
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| | | | | |
| | | | | |
| | | | | |
| | | | | |
|). OTHER BURSA | RIES, SPONSORS | AND DONORS | | |
| | | Yes | No | |
| o you presently stu | udy with a bursary? | 165 | | |

| Annual value of bursary? | | | | | |
|---|-----------------------|---------------|---|-------------------|--|
| Father's occupation | | | | | |
| Mother's occupation | | | | | |
| Guardian's occupation | | | | | |
| Mark your fathe | r's monthly income | group: | | | |
| <r2500< td=""><td>R2501-R5000</td><td>>R5000</td><td></td><td>Attach a proof of</td><td></td></r2500<> | R2501-R5000 | >R5000 | | Attach a proof of | |
| Mark your moth | er's monthly income | atoriu. | | income or a sworn | |
| <r2500< td=""><td>R2501-R5000</td><td>>R5000</td><td>1</td><td>affidavit</td><td></td></r2500<> | R2501-R5000 | >R5000 | 1 | affidavit | |
| | dian's monthly incor | | J | | |
| <r2500< td=""><td>R2501-R5000</td><td>>R5000</td><td>]</td><td></td><td></td></r2500<> | R2501-R5000 | >R5000 |] | | |
| home? Number of depe | endents at tertiary | till at | | ···· | |
| | | | | | |
| Do you have or Yes | No No | a study loan? | | | |
| If yes, name of | loan | | | | |
| For what purpose | | | | | |
| When did you g | et it? | | | | |
| For how long ar | re you intending to u | use it? | | | |
| · | | | · | <u></u> | |

E. RESEARCH EXPERIENCE AND OUTPUT

List all scientific articles/papers you have published and /or presented and the name of the journal or conference where the article was published 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/GUARDIANS/N | IEXT OF KIN |
| Title | |
| | |
| Surname | |
| Initials | |
| Identity number | |
| | |
| Relationship | |
| Mother Father Other, spe | ecify |
| Postal Address | Residential address |
| | |
| | |
| | |
| | |
| | |
| Post code | Post code |
| Tel.no: (h)Co | de |
| Tel.no: (w)Co | |
| Fax.no:Co | ue |
| E-mailCe | II-phone no |
| | |
| | |

G. MOTIVATION WHY MUST YOU BE CONSIDERED FOR A NDT BURSARY

| H. DOCUMENTATION |
|--|
| Please attach the certified copies of the following: NB! |
| Identity document Certification of 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 should be awarded the bursary, I will abide by the regulations applicable. |
| Signature of applicant Date |

Date

If still a minor, signature of the parent/ guardian