



tourism

Department:
Tourism
REPUBLIC OF SOUTH AFRICA

NATIONAL DEPARTMENT OF TOURISM (NDT) EXTERNAL BURSARY APPLICATION FORM

INSTRUCTIONS REGARDING THIS BURSARY FORM

- It is not for NDT staff members
- Closing date for the bursary application
- Use block letters to complete the application form
- Give concise answers and were application mark
- Attach certified copies as indicated in H (page 8)
- Incomplete or late applications will not be considered
- Applications can be forwarded to:

The Director General
Department of Tourism
Private Bag X424
Pretoria
0001

- For attention: Skills Development – Ms. Koketso Malemela

How did you know about NDT bursaries?

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

A. PARTICULARS OF APPLICANT

Title.....Surname.....

First Name.....

| | |
|------|--------|
| Male | Female |
|------|--------|

Identity number

| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
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|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Race

| | | | | |
|---------|-------|----------|--------|-------|
| African | Asian | Coloured | Indian | White |
|---------|-------|----------|--------|-------|

Nationality.....

Province.....

Disability

| | |
|-----|----|
| Yes | No |
|-----|----|

Marital status.....

Home language.....

Postal Address

Residential address

| | |
|-------|-------|
| | |
| | |
| | |

Post code.....

Post 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. PARTICULARS OF POST-GRADUATE FOR WHICH WISH TO RECEIVE THE BURSARY

| | | | | |
|---------|--------|---------|---------|----------|
| DIPLOMA | B-TECH | HONOURS | MASTERS | DOCTRATE |
|---------|--------|---------|---------|----------|

Student number.....

At which university/institution are you studying.....

Degree.....

Major/ main subjects.....

Mark the academic year for which you are applying

| | | | |
|---|---|---|---|
| 1 | 2 | 3 | 4 |
|---|---|---|---|

Short description or title of proposed research project

| |
|----------------------------------|
| |
|----------------------------------|

Details of the research proposal. Indicate the problem statement and the importance of your study(research) to society

| |
|---|
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|---|

C. EDUCATIONAL QUALIFICATIONS

List all the diplomas/degrees obtained, including the present degree

| Degree/Diploma | First registration | Year obtained | Full time/ Part time | Name of Institution |
|-----------------------|---------------------------|----------------------|---------------------------------|--------------------------------|
| | | | | |
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NB: FULL CERTIFIED COPIES OF ACADEMIC RECORDS MUST BE ATTACHED FOR EACH DEGREE/DIPLOMA OBTAINED

If you are not currently enrolled at an educational institution, please indicate what you are doing at present

| |
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D. OTHER BURSARIES, SPONSORS AND DONORS

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:

| | | |
|--------|-------------|--------|
| <R2500 | R2501-R5000 | >R5000 |
|--------|-------------|--------|

Mark your mother's monthly income group:

| | | |
|--------|-------------|--------|
| <R2500 | R2501-R5000 | >R5000 |
|--------|-------------|--------|

Mark your guardian's monthly income group:

| | | |
|--------|-------------|--------|
| <R2500 | R2501-R5000 | >R5000 |
|--------|-------------|--------|

Attach a proof of income or a sworn affidavit

How many other dependants are still at home?.....

Number of dependants at tertiary institution.....

Number of dependants 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 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/NEXT OF KIN

Title..... Surname.....

Initials.....

Identity number

| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
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|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Relationship

| | | |
|--------|--------|----------------|
| Mother | Father | Other, specify |
|--------|--------|----------------|

Postal Address

Residential address

.....

Post code..... Post code.....

Tel.no: (h)..... Code.....

Tel.no: (w)..... Code.....

Fax.no: Code.....

E-mail..... Cell-phone no.....

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

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Date

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If still a minor, signature of the parent/ guardian

.....

Date

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