

DEPARTMENT OF TOURISM EXTERNAL BURSARY APPLICATION FORM

INSTRUCTIONS REGARDING THIS BURSARY FORM

- It is not for Department of Tourism 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 (012) 4446191, Mr Lucky Shiviti (012) 4446172, Ms Kgomotso Taunyane (012) 4446164.

How did you know about NDT bursaries?

Newspaper	University	Friends	Internet	Career	Other, specify
	staff			awareness	

A. PARTICULARS OF APPLICANT

TitleSurname			
First Name			
Male Female			
Identity number			
Race			
African Asian	Coloured	Indian	White
Nationality Province			
Disability Yes No			
Marital status	Hor	ne language	
Postal Address	Resider	ntial address	
Post code code	Pos	st	

Fax.no:		Tel.no: (w)				
Employed Yes No EMPLOYER		Fax.no:		code		
Yes No		E-mail				
DIPLOMA B-TECH HONOURS MASTERS DOCTRATE Student number		Yes No			(please ignore if	not employed)
Student number	E	B. PARTICULAR	S OF POST-GRA	ADUATE FOR WHIC	H WISH TO RECEIV	/E THE BURSARY
Student number	Г					
number		DIPLOMA	B-TECH	HONOURS	MASTERS	DOCTRATE
		number	stitution are you			
Short description or title of proposed research project		1		2	3	4
		Short description or ti	tle of proposed re	search project		

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

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

NB: FULL CERTIFIED COPIES OF ACADEMIC RECORDS MUST BE ATTACHED FO DEGREE/DIPLOMA OBTAINED	R EACH
If you are not currently enrolled at an educational institution, please indicate what you are present	e doing at
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 t	:he				
bursary?					
Father's					
occupation					
Mothor's					
Mother's					
occupation					
Guardian's					
Mark your father'	s monthly income g	group:			
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Mark your mothe	er's monthly income	group:		Attach a proof of	
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institution				••••	
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Do you have or h	nave you received a	study loan?			
Yes	No				
If yes, name of					
-					
For what					
purpose					
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When did you ge					
π?					
For how long are	vou intendina ta u	20			
For how long are you intending to use it					
и					

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 nameDate
published/presented
Article
title
Authors
Journal names/Conference name
published/presented
F. DETAILS ABOUT PARENTS/GUARDIANS/NEXT OF KIN
Title
Surname
Initials
Identity number
Relationship
Mother Father Other, specify
Postal Address Residential address

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G. MOTIVATION WHY M	UST YOU BE CONSIDERE	D FOR A NOT BURSAL	RY
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Please attach the certified copies of the following	ng: NB!
····· 🖶 · Identity document ·····	
····· 🖶 · Certification of qualifications · · · · · · · · · · · · · · · · · · ·	
····· ♣ ··Recent academic records ······	
····· Confirmation of registration if already regis	•
	affidavit if parents are unemployed · · · · · · · · · · · · · · · · · · ·
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·····	nd masters)·····
Kindly note that the successful candidate will b	e expected to sign a bursary contract.
H. DOCUMENTATION	
L DEGLADATION	
I. DECLARATION	
Lhoraby doctors that the information provided in this	a application is correct and true in every respect Lam
	s application is correct and true in every respect. I am
aware that failure to render correct information will	• • •
should be awarded the bursary, I will abide by the r	egulations applicable.
Signature of applicant	Date
Signature of applicant	
If still a minor signature of the perent/ guardies	Date
If still a minor, signature of the parent/ guardian	Dale