

## **DEA APPLICATION FORM**

## **FULL-TIME BURSARIES**

## **INSTRUCTIONS REGARDING THIS BURSARY APPLICATION FORM:**

- Not applicable to DEA employees
- Closing date for the bursary applications: 08 November 2019
- Use block letters to complete the application form
- Give concise answers and where applicable mark with X
- Attach certified copies as indicated in section H
- Incomplete or late applications will not be considered
- No faxed or e-mailed applications will be allowed
- Applications can be forwarded to :

The Director General
Department of Environment, Forestry and Fisheries
Private Bag X 447
Pretoria
0001

For attention: Learning and Development – Bursary Section

•	Clearly indicate the reference number and qualification you are applying for in the block below:						

# A. PARTICULARS OF THE APPLICANT

Title:		Surname:						 	
First Names:								 	
Gender:									
Male	Female								
Identity Numb	er:								
Race:									
African	Coloured	Indian	White						
Nationality:  Province:									
Do you have								 	
Yes	No								
Marital Status	:			Ho	me Lan	guage:		 	
Postal Addres	SS:			Res	sidentia	l Address	s:		
Postal Code:				Pos	tal Code	ə:		 	
Cell phone No	o:								
Telephone No	o: (h) (	)						 	
Telephone N	o: (w) (	)						 	
Fax No: (	)							 	
Email:								 	

igh School education		
ame of School/Technical College	Highest qualification obtained	Year obtained
ertiary education (complete for each	qualification you obtained)	
ame of institution	Name of qualification	Year obtained
and of modulation	rumo or quaminoation	Todi obtainod
	RECORDS AND CERTIFICATES MUST BE	ATTACHED FOR ALL
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LIFICATIONS LISTED ABOVE.		
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LIFICATIONS LISTED ABOVE.		

NATIONAL DIPLOMA	B-TECH	DEGREE	HONOU	RS	MASTERS	DOCTRATE
Student Number:						
t which institution	n are you studyii	ng?				
lame of the Quali	ification					
lajor / main subje	ects					
lark the academi	c year for which	you are applying fo	r:			
1st	2nd	3rd	4th			
		ndicate the problem	statement and t	ne impo	ortance of your	study (research)
		·	ı statement and t	ne impo	ortance of your	study (research)
		·	statement and t	ne impo	ortance of your	study (research)
		·	statement and t	ne impo	ortance of your	study (research)
Details of the rese society (applicable		·	ı statement and t	ne impo	ortance of your	study (research)

Do you presently study with a bursary?	Yes No
If yes, what is the name of the bursary?	
Annual value of the bursary	
Do you have or have 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 O	JTPUT (applicable to honours or masters)
	shed and/ or presented and the name of the journal or conference
List all scientific articles/ papers have publ where the article was published or was pre-	shed and/ or presented and the name of the journal or conference
List all scientific articles/ papers have publ where the article was published or was pre-	shed and/ or presented and the name of the journal or conference sented.
List all scientific articles/ papers have publ where the article was published or was pre Article title	shed and/ or presented and the name of the journal or conference sented.
List all scientific articles/ papers have publ where the article was published or was pre Article title	shed and/ or presented and the name of the journal or conference sented.
List all scientific articles/ papers have publ where the article was published or was pre Article title	shed and/ or presented and the name of the journal or conference sented.
List all scientific articles/ papers have publ where the article was published or was pre Article title	shed and/ or presented and the name of the journal or conference sented.  Date published / presented.
List all scientific articles/ papers have publ where the article was published or was pre Article title	shed and/ or presented and the name of the journal or conference sented.  Date published / presented.

D. OTHER BURSARIES, SPONSORS AND DONORS

- itle:		Curnama:					
nitials:		Surname:	Surname:				
dentity Number:							
Relationshin:							
Postal Address:		Residential Address:					
Postal Code:		Postal Code:					
Cell phone No:							
elephone No(h):		Telephone No(w):	Telephone No(w):				
ax No:		Email:					
ather's occupation							
Nother's occupation							
Guardian's occupation							
Mark your father's monthly	income group:						
<r2 500<="" td=""><td>R2 501 – R5 000</td><td>&gt;R5 000</td><td></td></r2>	R2 501 – R5 000	>R5 000					
Mark your mother's monthly	y income group:						
<r2 500<="" td=""><td>R2 501 – R5 000</td><td>&gt;R5 000</td><td>Attach a proof of</td></r2>	R2 501 – R5 000	>R5 000	Attach a proof of				
			income or a sworn				
∕lark your guardian's mont	hly income group:		animuvit				
<r2 500<="" td=""><td>R2 501 – R5 000</td><td>&gt;R5 000</td><td></td></r2>	R2 501 – R5 000	>R5 000					
	1						
low many other dependan	ts are still at home?						
lumber of dependants at t	ertiary institution						

G. MOTIVATION WHY YOU MUST BE CONSIDERED FOR THE BURSARY

## H. DOCUMENTATION

Please attach copies of the following documents:

- Certified copies of Identity document (Applicant and parent/s or guardian)
- Certified copies of the qualifications/ certificates and recent academic records
- Confirmation of registration if already registered with the institution of higher learning
- Family income of parents if employed or affidavit if not employed
- Affidavit/ proof if parents are deceased
- Admission/ acceptance letter (first year students)
- Research proposal (applicable to honours and masters)

Kindly note that successful candidates will be expected to sign a bursary contract

#### I. DECLARATION

I hereby declare that the information provided in this application is true and correct in every respect. I am 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 or guardian	Date: