



environmental affairs

Department:
Environmental Affairs
REPUBLIC OF SOUTH AFRICA



DEA APPLICATION FORM FULL-TIME BURSARIES

INSTRUCTIONS REGARDING THIS BURSARY APPLICATION FORM:

- Not applicable to DEA employees
- Closing date for the bursary applications will be stated on the advert
- 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
- Applications can be forwarded to :

The Director General
Department of Environmental Affairs
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:**

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A. PARTICULARS OF THE APPLICANT

Title: Surname:

First Names:

Gender:

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

Identity Number:

| | | | | | | | | | | | | |
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Race:

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

Nationality:

Province:

Do you have a disability?

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

Marital Status: Home Language:

Postal Address:

Residential Address:

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.....
.....

.....
.....
.....

Postal Code:

Postal Code:

Cell phone No:

Telephone No: (h) (.....).....

Telephone No: (w) (.....).....

Fax No: (.....).....

Email:

B. PARTICULARS OF CURRENT STUDIES FOR WHICH YOU WISH TO RECEIVE A BURSARY

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

Student Number:

At which institution are you studying?.....

Name of the Qualification.....

Major / main subjects.....

Mark the academic year for which you are applying for:

| | | | |
|-----|-----|-----|-----|
| 1st | 2nd | 3rd | 4th |
|-----|-----|-----|-----|

Short description or title of the proposed research projects (applicable to honours and masters)

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

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| C. EDUCATIONAL QUALIFICATIONS |
|-------------------------------|

| Name of Qualification | Year of first registration | Year obtained | Full-time / Part-time | Name of institution |
|-----------------------|----------------------------|---------------|-----------------------|---------------------|
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| | | | | |
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NB: CERTIFIED COPIES OF ACADEMIC RECORDS AND CERTIFICATES MUST BE ATTACHED FOR ALL QUALIFICATIONS LISTED ABOVE.

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

[illegible]

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.....

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. DETAILS OF PARENT / GUARDIAN (person responsible for your studies)

Title:

Surname:

Initials :.....

Identity Number:

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

Relationship:

Postal Address:

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Residential Address:

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Postal Code:

Postal Code:

Cell phone No:

Telephone No(h):.....

Telephone No(w):.....

Fax No:

Email:

Father's occupation.....

Mother's occupation.....

Guardian's occupation.....

Mark your father's monthly income group:

| | | |
|---------|-----------------|---------|
| <R2 500 | R2 501 – R5 000 | >R5 000 |
|---------|-----------------|---------|

Mark your mother's monthly income group:

| | | |
|---------|-----------------|---------|
| <R2 500 | R2 501 – R5 000 | >R5 000 |
|---------|-----------------|---------|

Mark your guardian's monthly income group:

| | | |
|---------|-----------------|---------|
| <R2 500 | R2 501 – R5 000 | >R5 000 |
|---------|-----------------|---------|

**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.....

F. RESEARCH EXPERIENCE AND OUTPUT (applicable to honours or masters)

List all scientific articles/ papers 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.....

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H. DOCUMENTATION

Please attach the certified copies of the following:

- Identity document (both parents or guardian)
- Copies of the qualifications and certificates
- Recent academic records
- Confirmation of registration if already registered with the institution of higher learning
- Family income if parents are employed or affidavit if not employed
- Affidavit/ proof if parents are deceased
- Admission letter
- 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:

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If still a minor, signature of the parent or guardian

Date:

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