

MEAT INDUSTRY TRUST (MIT)
BURSARY WORKING COMMITTEE



318 The Hillside Lynnwood PRETORIA 0081	P O Box 36802 Menlo Park 0102	Tel: 012 - 348 7572 Fax: 086 511 4064 E-mail: aletd@levyadmin.co.za www.meatindustrytrust.co.za
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**MEAT INDUSTRY TRUST (MIT): POST GRADUATE
BURSARIES**

**APPLICATION FORM
(NB: See also "Information for applicant")**

A. PERSONAL DETAILS

1. Surname:
2. Title (Dr, Mr, Ms):
3. First names:
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4. Date of Birth:
5. ID Number:

B. ADDRESS DETAILS

1. Postal address:
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2. Residential address:
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3. Telephone (Department of Study):
(Home):

(Fax):

4. Cell phone:

5. E-mail:

C. ACADEMIC RECORD

- 1.
 - List all qualifications held, year of award, tertiary institution, subjects passed and marks obtained
 - Please provide copies of tertiary qualifications received or official notification of attainment thereof

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- 2. List scholarships, merit awards, bursaries, etc received or applied for, and their value (where applicable.)

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D. PUBLICATIONS / CONFERENCES

Provide details of any publications, scientific and popular, authored or co-authored by you, including items in preparation, as well as details of papers or addresses delivered at conferences or seminars

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E. PREVIOUS RESEARCH

Provide details of research undertaken or experience gained relevant to this application. Please state where and under whose supervision the research was undertaken

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F. PROPOSED STUDY FIELD

1. State proposed study field and qualification to be obtained:

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2. Where do you intend to undertake the study?

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3. Supervisor(s) for the study:

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G. PROJECT PROPOSAL:

1. Short title of project: (including species and or product concerned)

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2. Name of supervisor: (Title, initials, surname and highest qualification)

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3. Name of University:

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4. Address of supervisor:

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Telephone: **Cell:**

Fax: **E-mail:**

5. Names of other team members: (Title, initials, surname, highest qualification)

5.1

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5.2

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5.3

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6. Classification of project

6.1 Industry sector: (Indicate species)

6.1.1 Species	
Cattle	<input type="checkbox"/>
Sheep	<input type="checkbox"/>
Goats	<input type="checkbox"/>
Pigs	<input type="checkbox"/>

6.2 Fields of study: (Indicate **main** fields of study)

▪ Genetics / Genomics / Breeding	<input type="checkbox"/>
▪ Production / Management	<input type="checkbox"/>
▪ Reproduction	<input type="checkbox"/>
▪ Animal Health / Bio-security / Welfare	<input type="checkbox"/>
▪ Nutrition	<input type="checkbox"/>
▪ Rangeland / Pasture	<input type="checkbox"/>
▪ Environment	<input type="checkbox"/>
▪ Economics / Marketing	<input type="checkbox"/>
▪ Slaughter / Carcass	<input type="checkbox"/>
▪ Hygiene / Product safety & quality	<input type="checkbox"/>
▪ Consumer health & acceptance	<input type="checkbox"/>

6.2.2 Other (Specify)

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6.3 Outcome and Deliverable (Cryptic description of most applicable outcome / deliverable)

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7. Aim, Motivation and Literature survey of project

7.1 Aim

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7.2 Motivation

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7.3 Literature Survey (1 to 2 pages)

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8.2 Methods

8.2.1 Experimental procedures (e.g. Animals, products, consumers, etc.)

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8.2.2 Laboratory Procedures

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8.2.3 Statistical Procedures

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9. Project status regarding funding (mark one)

Current, not previously funded

* Current, previously funded

New, can commence without funding

New, can only commence with funding

* Funded by whom:

H. REFERENCES

Please provide names, postal or e-mail addresses and telephone / cell phone numbers of two referees who can be contacted on your academic and personal abilities (Note: Referee reports will remain confidential)

1.

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I. NON-ACADEMIC ACHIEVEMENTS

Please provide details of sporting, cultural, charitable or other interests or achievements, particularly where positions of responsibility or honour are involved which you feel may be relevant to this application

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J. ATTACHMENTS

- 1. Certified copy of front page of Passport or ID document
- 2. One clear head and shoulders photograph of you
- 3. Certified copies of all your tertiary qualifications must be attached (See Item C)

K. DECLARATION

I,
(Full names), a South African citizen, do hereby apply for the MIT Post Graduate Bursary. I declare that I am not employed and am a fulltime student. I also agree to abide by the terms as laid down in the accompanying documentation

SIGNATURE: **DATE:**

L. APPROVAL BY SUPERVISOR

I (Full name and title) of the Department of
.....of the
Faculty of of the
University of accept
the above proposed study for the purpose of attaining the following degree

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SIGNATURE: **DATE:**

Position of Supervisor.

Please mark with an X in the block that indicates your position.

Lecturer.	Senior Lecturer.	Associate Prof.	Full Prof.	*Other
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* Other – specify

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M. APPLICATION FORMS TO BE RETURNED TO:

Attention: A. Calitz
 Administrator
 MIT Bursary Working Committee
 P O Box 36802
 Menlo Park
 0102

Telephone: (012) 348 7572

Fax: (012) 361 2382

E-mail: aletd@levyadmin.co.za or
admin@levyadmin.co.za