****

**STUDENT BURSARY APPLICATION**

**THE AFRICAN INVESTIGATIVE JOURNALISM CONFERENCE 2018**

**28th October -30th October 2019, University of the Witwatersrand**

*Please submit this application form* ***and a motivation letter*** *outlining why you would like to attend.*

***This form must be signed by your Head of Department.***

*The closing date for bursary applications is* ***Thursday, 10 August 2019*** *by 3pm but students are encouraged to apply as early as possible***.**

Only students currently in their ***final year*** of an undergraduate journalism degree, honours or master’s degree in journalism are eligible to apply for a bursary to attend the conference.

|  |  |  |  |
| --- | --- | --- | --- |
| **PERSONAL DETAILS** | | | |
| **Surname** |  | | |
| **Name** |  | | |
| **Gender** |  | | |
| **Tel** |  | **Cell** |  |
| **Email** |  | | |
| **Institution & year** |  | | |
| **Dietary requirements (None/ Vegetarian/ Halaal)** |  | | |

|  |  |
| --- | --- |
| **HEAD OF DEPARTMENT INFORMATION** | |
| **Name & Surname** |  |
| **Tel** |  |
| **Email** |  |
| *I support this application for a bursary* **Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **I REQUIRE SUPPORT FOR:** (Please mark appropriate box) | | | | | |
|  | Conference fees | | | | |
|  | Transport: *Reimbursement will be provided on receipt of original bus tickets/taxi invoices/limited petrol receipt in cash or by electronic transfer – provide your bank details below* | | | | |
|  | Accommodation | From |  | To |  |
| Accommodation will be provided at The Wedgewood, Melville, Johannesburg in twin-bed, shared rooms. Breakfast and supper will be included (lunch provided at the conference).  Tel: (011) 482 4124 ; [www.thewedgewood.com](http://www.thewedgewood.com) | | | | | |

|  |  |
| --- | --- |
| **Banking details** (for reimbursement purposes) | |
| **Bank name** |  |
| **Account name** |  |
| **Account number:** |  |
| **Branch name** |  |
| **Branch code** |  |
| **Account type** |  |

**Please complete and return this form to: Email:** aijc@journalism.co.za or **Fax:** 086 511 9445

**Enquiries:** 011 717 4089