FEDHASA
Federated Hospitality Association
Of Southern Africa
CAPE

P O Box 4106, Tyger Valley, 7536
Unit A1A, Century Square Office Park,
Heron Crescent,Century City, 7441

Tel: +27(0)21 552 9870 Fax: +27(0)21 552 3466
E-mail: fedhasacape@fedhasa.co.za

VAT REG. 4140211915 / CO. REG. 2004/003832/08

The FEDHASA Cape Youth Bursary for the Hospitality Industry

APPLICATION FORM:

(not to be duplicated)

1. Name: _____

2. ID Number: _____

3. Address: _____

   _____

   _____ Postal Code _____

4. Telephone: _____ Cell: _____

5. E-mail: _____

6. Training Institution / Company you work for: _____

7. Course: _____ Year of Studies: _____ (i.e. 2nd, 3rd year)

   Anticipated graduation date: _____

YOUR CAREER GOALS AND ACTIVITIES: *(Please answer briefly on a separate sheet.)*

8. In what area of the hospitality industry are you interested? (e.g. hotels/guesthouses/B&B's/restaurants)
9. Why are you interested in this area?
10. What experience and/or work have you had in the hospitality industry?
11. How would this bursary help you?
12. What college and/or community activities are you involved in?
13. List your significant honours and accomplishments.