



UNIVERSITY OF
KWAZULU-NATALTM
INYUVESI
YAKWAZULU-NATALI

**COLLEGE OF HUMANITIES
HONOURS BURSARY APPLICATION FORM**

NB: DEADLINE FOR THE SUBMISSION OF COMPLETED APPLICATION FORMS IS 06 FEBRUARY 2015

SECTION 1: ABOUT YOURSELF

Title: (e.g. Mr, Mrs)	Surname:	Highest tertiary qualification obtained:	Honours Degree in 2015:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First Names:	UKZN student number:		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth:	Identity number:	<input type="text"/>	<input type="text"/>
Marital status: (tick one)	Married	Single	Widowed
	Separated	Divorced	Other
Home address:			
			Postal Code:
			<input type="text"/>
Telephone No:		Cell No:	
Email address:			
Employer's name:			
Employer's Tel No:			
Earnings: R	<input type="text"/>	per month. Will this income continue while you are studying? Yes / No	
Other income: (e.g. allowances, savings)			
R	<input type="text"/>	Source: <input type="text"/>	

SECTION 2: WHO IS RESPONSIBLE FOR YOUR SUPPORT (IF BIOLOGICAL PARENTS OR SPOUSE ARE NOT ALIVE)

Is this a guardian appointed by a court or your parent's will? Yes <input type="checkbox"/> No <input type="checkbox"/>														
Surname and initials:						Date of Birth:	Y	Y	Y	Y	M	M	D	D
						Marital status:								
Identity number:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Employer's Name:	<input type="text"/>													
Employer's Tel No:	<input type="text"/>													
Occupation:	<input type="text"/>													

Guardian's address:

Gross earnings: R

per week/month/year No. of dependents:

ADDITIONAL INFORMATION

Is there anything else about you or your family which we ought to know in assessing this application?
(Attach an affidavit if necessary)

DECLARATION

The information provided in this application is correct to the best of your knowledge:	Yes	No
You will use the funds solely for the purposes of supporting the research activities of your current qualification.	Yes	No
If you choose to deregister from your qualification you will be liable for refunding the university the full amount that you received as a result of this application	Yes	No
Student's Signature:		Date: