



UNIVERSITY OF  
KWAZULU-NATAL<sup>TM</sup>

INYUVESI  
YAKWAZULU-NATALI

COLLEGE OF HUMANITIES  
HONOURS BURSARY APPLICATION FORM

**NB: DEADLINE FOR THE SUBMISSION OF COMPLETED APPLICATION FORMS IS 30 JANUARY 2017**

**SECTION 1: ABOUT YOURSELF**

Title: (e.g. Mr, Mrs)	Surname:	Highest tertiary qualification obtained:	Honours Degree in 2017:
<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"/>
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: ABOUT YOUR FAMILY**

**COMPULSORY SECTION**

**BIOLOGICAL FATHER (OR STEPFATHER IF LIVING WITH YOU) ATTACH MARRIAGE CERTIFICATE**  
**BIOLOGICAL MOTHER (OR STEPMOTHER IF LIVING WITH YOU) ATTACH MARRIAGE CERTIFICATE**  
**HUSBAND/WIFE/ LIVE-IN PARTNER**

Title: (e.g. Mr, Mrs)	<input type="text"/>	Date of birth:	Y	Y	Y	Y	M	M	D	D
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"/>

Marital Status: Married ☐ Single ☐ Widowed ☐ Divorced ☐ Separated ☐

If absent from home: Deceased ☐ No longer lives with us ☐ His/her Address:

My father/mother/partner assists with the family income in the following way:  
(If no income is provided an affidavit is required with the reason)

Occupation:  Employer's Name:

Gross Earnings: R  per week/month/year Employer's Tel No:

Other income: R  per week/month/year Source:

**FOR OFFICE USE:**  
 Gross per annum:

### Section 3: 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 ☐ No ☐

Surname and initials:	Date of Birth:	Y	Y	Y	Y	M	M	D	D
	Marital status:								

Identity number:

Employer's Name:

Employer's Tel No:

Occupation:

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:	<b>Yes</b>	<b>No</b>
You will use the funds solely for the purposes of supporting the research activities of your current qualification.	<b>Yes</b>	<b>No</b>
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	<b>Yes</b>	<b>No</b>
Student's Signature:		<b>Date:</b>