

# STUDENT FUNDING SPORT SCHOLARSHIP APPLICATION FORM

1. PERSONAL DETAILS	;					
Surname:	•••••					
Title (Mr/Mrs/Ms/Miss):						
Maiden Surname, (if app	olicable):		•••••			
First name/s:		•••••		•••••	•••••	
ID Number:						
Contact Number:	•••••					
Student Number / CAO	Number:	•••••			•••••	
Date of Birth:	(dd,	/mm/yyyy	/) Gende	r: M	F	
Home address (residenti	al):		•••••			
		Postal (	Code:			
Postal address:			•••••	•••••		
		Postal (	Code:			
Home Telephone Number	er: [Area Code	;]	[Number]			
Cell Number:		E-mail:				
Address while Studying:			•••••			
		Postal (	Code:	•••••		
Contact Number while S	studying:					
TYPE OF SPORT SCHOLARSHIP APPLYING FOR						
Entrant (1st year)	U	ndergrad	uate		P	ostgraduate



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	2. HIGH SCHOOL DETAILS:
	School Name:
	Contact Person (Coach/ Principal:
	Telephone No.: [Area Code][Number]
	Email:
	Other UKZN Scholarships Applied for or Received:
	3. ACADEMIC PROGRAMME:
	Degree or Course which you have applied for at UKZN (BSc, BCom, etc.):
	Major subjects:
	Year of study in <b>2018</b> (1st, 2nd, 3rd, etc.):
	4. SPORT PARTICULARS /ACTIVITIES
	4.1 Sport/s for which you are currently participating in:
	4.2 Current Team you are representing:
	4.3 Current Coach:
	4.4 Coach's Contact Number:
	5. SPORT ACHIEVEMENTS
	Kindly indicate the following on the table below:
•	<b>Code of Sport</b> you are currently active in and will be participating in at UKZN <b>Position or Rank</b> in your code of sport e.g: Prop in Rugby, 1st in SA Champs Athletics

YEAR	CODE OF SPORT	POSITION/ RANK	LEVEL OF PARTICIPATION	HIGHEST ACHIEVEMENT
2017				
2016				
2015				

Level of participation e.g: KZN U19, SA Senior Team, Sharks U18, Golden Arrows U19, SA Schools
 Highest achievement e.g: Craven Week, Youth Olympics, 1st in SA Champs, Inter-Provincials



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6. MEDICAL INFORMATION	
Have you had any injuries/illness in the past 12 months	? (Tick answer) YES NO
If <b>YES</b> , please provide details of the injury/injuries (You may also be requested for a medical record)	
If <b>YES</b> to above question, have you completely recove	ered? (Tick answer) YES NO
DATE:	SIGNATURE OF APPLICANT:
THIS FORM <u>MUST</u> BE RETURNED ON OF	R BEFORE 31 OCTOBER 2017 TO

### **UKZN SPORT**

UNIVERSITY OF KWAZULU-NATAL

#### DURBAN

Howard College Campus, 3rd Floor, Student Union Building

**Westville Campus**, Indoor Sports Centre **Edgewood Campus**, Dining Hall Offices

For more information, contact the **Head of Department** (Durban) on 031 260 7239

#### PIETERMARITZBURG

**PMB Campus**, Sport Union Building, Golf Road Campus For more information, contact the **Head of Department** (PMB) on 033 260 6020

### CHECKLIST: Have you attached the following documents to your application?

1. Copy of ID		Yes	No	
2. Matric Certific	ate (Entrant applicants only)	Yes	No	
3. Academic Re	cord (Current Undergrad & Postgrad applicant	s) Yes	No	
	ter from your <b>Sport Federation</b> confirming your start at Provincial or National level (All applicants)	Yes	No	
5. Reference lett (Entrant applic	ter from your School Principal or Head Coach cants only)	Yes	No	
6. HAVE YOU SIG	NED YOUR APPLICATION FORM ?	Yes	No	