

## APPLICATION FOR UNIVERISTY OF KWAZULU NATAL BURSARIES

**CLOSING DATE - 31 July 2020**

**Both Undergraduates and Post graduates Students**

**\*SEE NOTES AND CRITERIA OVERLEAF**

### A. STUDENT INFORMATION

Student Number	
Surname	
Names	
Qualification	
College	
Campus	
SA Identity Number	

- Attach certified copy of student ID document

### B. FAMILY DETAILS

RELATIONSHIP	SURNAME	NAME	SA IDENTITY NUMBER
SPOUSE			
FATHER			
MOTHER			
GUARDIAN			

- Attach certified copies of ID documents
- If parent or guardian is married, divorce or deceased - attached certified copies of relevant documents

### C. INCOME INFORMATION

RELATIONSHIP	MONTHLY AMOUNT BEFORE DEDUCTIONS	ANNUAL AMOUNT
SELF (STUDENT)		
SPOUSE		
FATHER		
MOTHER		
GUARDIAN		
<b>TOTAL ANNUAL INCOME</b>	<b>- - - - -</b>	

- Attach certified copies of pay slips or SASSA confirmation (must have ID details included) or proof of unemployment
- These should be recent and not older than 3 months

#### D. DECLARATION BY STUDENT

I .....hereby confirm:

1. I am registered as a full time student at UKZN in 2020.
2. That I do not have NSFAS funding or any full funding package for 2020.
3. I wish to apply for any available bursary funding and agree to my information being presented to potential sponsors.
4. Only students whose gross family income is below R600 000 per annum will be considered for this assistance.
5. Only students with a weighted degree aggregate of at least 65% will be considered for possible assistance.
6. I understand that this application does not guarantee that I will receive funding. Only successful applicants will be responded to. The application should be considered unsuccessful if no response is received by 31 August 2020.
7. That the information provided on the first page is factually correct.
8. Should I be found to have provided false information I will be subject to student disciplinary procedures and repay any funding awarded to me.

Signed by student: .....

Date : .....

**NOTE - CLOSING DATE - FRIDAY 31 July 2020.**

**Completed application form by student to be submitted to the Financial Aid Advisor of their respect college by email as per tabulated below:**

COLLEGE	CAMPUS	NAME	EMAIL ADDRESS
College of Agriculture, Engineering Sciences	Howard	Ms. Linda Mdunge	Mdungel@ukzn.ac.za
	PMB	Ms. Marcia Ntamote	NtamoteM@ukzn.ac.za
	Westville	Mrs. Lindiwe Mdondolo	kumalo@ukzn.ac.za
College of Health Science	Howard and Medical School	Mr. Bongumusa Gumbi	Gumbib5@ukzn.ac.za
	Westville	Mr. Jay Maharajh	Maharajhj1@ukzn.ac.za
College of Humanities	All	Mrs. Silondliwe Mulaudzi	Hlela@ukzn.ac.za
College of Law & Management Studies	All	Mrs. Nosipho Mkhize	MkhizeN5@ukzn.ac.za

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**For Student Funding Office/ Staff use only:**

ACTION	NAME	SURNAME	DATE
Received by			
Checked by			