

STUDENT FUNDING SPORT SCHOLARSHIP APPLICATION FORM Page 1 of 3

1. PERSONAL DETAILS	3					
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:	(de	d/mm/yyyy)	Gender:	М	F	
Home address (residenti	al):					
		Postal Co	ode:			
Postal address:						
		Postal Co	ode:			
Home Telephone Numbe	er: [Area Coc	de][۱	Number]			
Cell Number:		E-mail:				
Address while Studying:						
		Postal Co	ode:			
Contact Number while S	Studying:					
1	Type of Spc	ORT SCHOL	ARSHIP A	APPLYI	ING FC	DR
Entrant (1st year)		Undergradua	te			Postgraduate

STUDENT FUNDING

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2. HIGH SCHOOL DETAILS:
School Name:
Contact Person (Coach/ Principal: Title:
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 2020 (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:
4.4 Coach's Contact Number.

5. SPORT ACHIEVEMENTS

Kindly indicate the following on the table below:

- Code of Sport you are currently active in at provincial / national level
- Position or Rank in your code of sport e.g: Prop in Rugby, 1st in SA Champs Athletics
- 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

YEAR	CODE OF SPORT	POSITION/ RANK	LEVEL OF PARTICIPATION	HIGHEST ACHIEVEMENT
201 9				
2018				
2017				

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6. MEDICAL INFORMATION	
Have you had any injury/ injuries in the past 12 months	s? (Tick answer) YES NO
If YES, please provide details of the injury/injuries (You may also be requested for a medical record)	
If YES to above question, have you completely recove	ered? (Tick answer) YES NO
DATE:	SIGNATURE OF APPLICANT:
THIS FORM <u>MUST</u> BE DELIVERED/ EMAILED ON OR BEFORE 31 OC	
UKZN SPORT UNIVERSITY OF KWAZULU-NATAL	

DURBAN

Howard College Campus, 3rd Floor, Student Union Building / LupkeL@ukzn.ac.za Westville Campus, Indoor Sports Centre / RampersadS@ukzn.ac.za Edgewood Campus, Dining Hall SU Offices / ZumaB@ukzn.ac.za For more information, contact the Head of Department (Durban) on 031 260 7239

PIETERMARITZBURG

PMB Campus, Sport Union Building, Golf Road Campus / ZwaneZ@ukzn.ac.za 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 Certificate (Entrant applicants only)	Yes	No	
3.	Academic Record (Current Undergrad & Postgrad applicants)	Yes	No	
4.	Reference letter from your Sport Federation confirming your	Yes	No	
	achievements at Provincial or National level (All applicants)			
5.	Reference letter from your School Principal or Head Coach	Yes	No	
	(Entrant applicants only)			
6.	HAVE YOU SIGNED YOUR APPLICATION FORM?	Yes	No	