

# APPLICATION FOR UNIVERSITY OF KWAZULU-NATAL BURSARIES

**CLOSING DATE - 12 September 2025 (Friday)**

**Both Undergraduates and Post graduates Students**

(Students who applied for the SRC Bursary at the beginning of the year **do not** need to apply)

**\*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		
TOTAL ANNUAL INCOME	- - - - -	

- 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 2025.
2. That I do not have NSFAS funding or any full funding package for 2025.
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 R650 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 30 October 2025.
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 : .....

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

CAMPUS	EMAIL ADDRESS
Howard College Campus	<a href="mailto:HCBursaryApp@ukzn.ac.za">HCBursaryApp@ukzn.ac.za</a>
Medical School Campus	<a href="mailto:Bursarymed@ukzn.ac.za">Bursarymed@ukzn.ac.za</a>
Westville Campus	<a href="mailto:Bursarywst@ukzn.ac.za">Bursarywst@ukzn.ac.za</a>
Edgewood Campus	<a href="mailto:Bursaryedge@ukzn.ac.za">Bursaryedge@ukzn.ac.za</a>
PMB Campus	<a href="mailto:BursaryPMB@ukzn.ac.za">BursaryPMB@ukzn.ac.za</a>

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

ACTION	NAME	SURNAME	DATE
Received by			

Checked by			