



Development and Alumni Relations
 Durban University of Technology
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 Durban, 4000
 South Africa
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 Fax to Email: 086 639 3569
 email: alumni@dut.ac.za
 www.dut.ac.za/alumni

DUT ALUMNI BURSARY APPLICATION FORM

SECTION A: PERSONAL DETAILS OF APPLICANT

Surname:						Gender:		Male <input type="checkbox"/>		Female <input type="checkbox"/>	
First Name(s):						Date of Birth: / /					
Nationality:				Population Group:		African <input type="checkbox"/> Coloured <input type="checkbox"/> Indian <input type="checkbox"/> White <input type="checkbox"/>					
South African ID Number:											
Residential Address:						Postal Code:					
Postal Address:						Postal Code:					
Contact Details:		Home:				Cell:					
		Work:				Other:					
Preferred Email Address:											

SECTION B: STUDY DETAILS OF APPLICANT

Name of Qualification:						Student No:					
Faculty:				Level of study:							
Are you receiving any other bursary/loan/scholarship?								Yes <input type="checkbox"/>		No <input type="checkbox"/>	
If YES, please provide details.											

NB: Please attach proof of academic results.

SECTION C: DETAILS OF PARENTS/GUARDIANS

Father/Guardian Surname:						First Name(s):					
Marital Status:				Employed: Yes <input type="checkbox"/> No <input type="checkbox"/>		Pensioner? Yes <input type="checkbox"/> No <input type="checkbox"/>					
If YES, Occupation											
Total Income per month: (salary, wages, pension, grant) Please attach proof of income or relevant documents						R					
Mother/Guardian Surname:						First Name(s):					
Marital Status:				Employed: Yes <input type="checkbox"/> No <input type="checkbox"/>		Pensioner? Yes <input type="checkbox"/> No <input type="checkbox"/>					
If YES, Occupation											
Total Income per month: (salary, wages, pension, grant) Please attach proof of income or relevant documents						R					

SECTION D: DECLARATION

1. I hereby, declare that ALL information provided is TRUE and CORRECT to the best of my knowledge.
2. I understand that any incomplete / false information will render this application null and void.
3. Signature of Applicant:

_____ Date: _____

4. Signature of Parent/Guardian:

_____ Date: _____

NB: Please return completed form to the Development and Alumni Relations office (41/43 ML Sutan Road, behind the Student Information Centre) or Email alumni@dut.ac.za

Required documents checklist

- Academic Results
- Proof of Income or Relevant Documents
- Other

FOR OFFICIAL USE ONLY

Applicstion Status		Reasons/ Motivation
Successful		
Unsuccessful		

Evaluation committee (Chairperson) signature:

_____ Date: _____