



UNIVERSITEIT
STELLENBOSCH
UNIVERSITY

APPLICATION FOR FUNDING THROUGH THE STELLENBOSCH UNIVERSITY CO-CURRICULAR SUPPORT FUND

PART 1: PERSONAL DETAILS OF APPLICANT(S)

Primary Applicant:

Full names:

Surname:

Date of Birth:

Student number:

Programme and Year of Study:

Applicant #2: Full name and surname:

Applicant #2: Student number:

Applicant #3: Full name and surname:

Applicant #3: Student number:

Applicant #4: Full name and surname:

Applicant #4: Student number:

Applicant #5: Full name and surname:

Applicant #5: Student number:

PART 2: CONTACT DETAILS OF PRIMARY APPLICANT

Email address:

Telephone number (Home):

Cell number:

Address:

PART 3: DETAILS OF OPPORTUNITY

Full description of opportunity:
(maximum 300 words)

Expected outcomes of opportunity:
(maximum 300 words)

Impact of this opportunity on the broader
student community:
(maximum 300 words)

PART 4: BUDGET FOR OPPORTUNITY IN RAND

Application for visa:	<input type="text"/>
Flight ticket:	<input type="text"/>
Transport:	<input type="text"/>
Accommodation:	<input type="text"/>
Stipend for Food:	<input type="text"/>
Administration Fees:	<input type="text"/>
Course and/or Conference Fees:	<input type="text"/>
Other #1:	<input type="text"/>
Other #2:	<input type="text"/>
Other #3:	<input type="text"/>
Total:	<input type="text"/>

PART 5: AGREEMENT

I applied for funding from an external source: Yes No

The amount that I have applied for is:

I received (amount):

I have not yet received any feedback:

I did not receive any funding:

I hereby declare that I will inform the USKOF committee as soon as possible should I receive funding after my application has been approved: Yes No

I confirm that I will submit a report stipulating the value of the opportunity that I made use of within 30 days after the event: Yes No

Signature:
(Please sign with your initials should you complete this form electronically)

Date: