

SPONSORSHIPS / BURSARIES / GRANTS



UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

1. This form is to be completed by your sponsor if you have a Government, Corporate or Private Bursary.
2. This completed form must be submitted to the *Student Accounts Department* in the Client Service Centre **before** registration in person or email to csc@up.ac.za
3. The document must indicate the **amount** awarded to you.
4. This form must be accompanied by an official letter of sponsorship on an official letterhead.

NB: Requests for reimbursements for books and living cost will **ONLY** be made **after** payment has been received from your sponsor, by the University of Pretoria, in accordance with the stipulations as set by the institution granting the bursary.

STUDENT INFORMATION	Student Number:								
	Surname:								
	Title:	Initials:		Contact number:					

PLEASE INDICATE WHICH SPONSORSHIP YOU HOLD:

Government Corporate Private

SPONSORSHIP DETAILS	Name of Sponsor/Institution:
	Contact Person (Title, Initials & Surname):
	Position held:
	Tel number:
	Fax number:
	E-mail address:
	Name of alternative official:

I, the undersigned, in my capacity as stated above, confirm that the above-mentioned student's sponsorship incorporates the following:

	Please indicate with an X		Please indicate AMOUNT			
Tuition Fees:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	R		
Accommodation:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	R		
Books and Stationery:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	R		
Meals (Please indicate %):	<input type="checkbox"/> Yes <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td>50%</td></tr> <tr><td>100%</td></tr> </table>	50%	100%	<input type="checkbox"/> No	R
50%						
100%						
Living costs:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	R		
Other (Please specify):			R		
If there is a credit balance on the student account, is this amount payable to the student?	<input type="checkbox"/> Yes	<input type="checkbox"/> No				

Y	Y	Y	Y	M	M	D	D
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OFFICIAL SPONSOR STAMP

SIGNATURE OF SPONSOR

DATE