

FORM BURSARY ACCEPTANCE

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STELLENBOSCH UNIVERSITY STUDENT NUMBER

DECLARATION BY THE STUDENT

1,

[illegible]

NAME AND ANY MIDDLE NAME/S

[illegible]

SURNAME

[illegible]

ID NUMBER

herewith **ACCEPT** the _____ bursary for the 2025 academic year.

NAME OF BURSARY/FUNDER

I acknowledge the terms and conditions of this funding and understand that should I no longer meet the financial and/or academic eligibility criteria, the funder reserves the right to withdraw funding.

I acknowledge that I read the agreement terms and conditions when I applied for the funding.

I hereby also accept that:

- Should the funder defund me for any reason during the academic year, I understand that the allowances I receive, as well as my Student Fees account, are my responsibility;
- Should I overspend on my Student Fees account or accumulate costs not covered by the funding, I will be responsible for the portion of my Student Fees account that will not be paid by the funder.

[illegible]

STUDENT EMAIL ADDRESS

STUDENT SIGNATURE _____

DATE _____