



2010 ALLAN GRAY SCHOLARSHIP APPLICATION FORM - NAMIBIA

FOR SCHOLARS CURRENTLY IN GRADE 7

Prerequisites:

- Citizenship of Namibia
- Grade 7 learners who show exceptional ability and potential in Mathematics and English
- Ambassador of the Foundation's intended profile, namely demonstrating: intellectual imagination, personal initiative, spirit of selflessness, courageous perseverance and achievement excellence, and
- Belief in the future of Namibia



DEADLINE: Friday 11 June 2010

2010 ALLAN GRAY SCHOLAR APPLICATION FORM

ATTACH
A RECENT
PASSPORT SIZE
PHOTOGRAPH
OF CANDIDATE

1. CANDIDATE (Factual information about yourself)

Title:	Surname:
First name(s):	Preferred Name:
Date of birth: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Gender: Male / Female (Please circle the appropriate option)
Country of citizenship:	Ethnic group:
Namibian ID/Passport number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Home address (incl. region):	
Postal address (incl. region):	
Home phone: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Cell: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
E-mail:	
Home language:	Second language:
Other languages:	

2. PARENT OR GUARDIAN (Information about your parent or legal guardian)

Title:	Surname:
First name(s):	Date of birth: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Country of citizenship:	Relationship to candidate:
ID number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Home language:
Home address (incl. region):	Cell: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Postal address (incl. region):	Fax: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Home phone: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Work phone: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
E-mail:	

3. EMERGENCY CONTACT DETAILS (Should we need to contact you urgently)

Title:	Surname:
First name(s):	Date of birth: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
1 st contact number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	2 nd contact number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

5. EXTRAMURAL ACTIVITIES (Please list any achievements or awards at Primary School in the tables below.)

Leadership: Please indicate previous leadership roles you have held

Institution (e.g. Primary School)	Position (e.g. Member of LRC)	Year (e.g. 2007)	Reference (e.g. Mr AN Other)

Sport: Please indicate the sports that you play regularly, and the highest level obtained

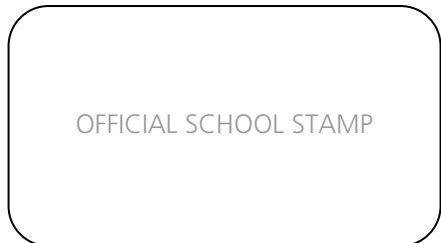
Sport (e.g. Soccer)	Level (e.g. School 1 st team)	Regional/National recognition (e.g. Caprivi Regional Team)	Reference (e.g. Mrs J Doe)

Cultural/ Social: Please list your main cultural or social activities (e.g. music, dancing, church group, etc.)

Activity (e.g. Choir)	Level (e.g. Lead singer)	Awards obtained (e.g. e.g. School Best Soloist, 2007)	Reference (e.g. Mr AN Other)

What do you currently do in your free time?

What *would* you like to do in your free time if you could do anything that you want?



7. FINANCIAL CIRCUMSTANCES (Confidential – to be completed by parent or guardian)

Family contribution towards costs? Y / N (Please circle)

If yes, how much?

N\$

Household income:

What is the gross household income?*

Is there any other person who can help, e.g. an uncle?

N\$	per month (father)
N\$	per month (mother)
N\$	per month (other)
N\$	TOTAL gross h/hold income

Name:	Amount:
	N\$
	N\$
TOTAL possible contributions	N\$

***IMPORTANT:** Please provide recent payslips or certified documentation regarding your employment status if unemployed.

Dependents:

No. of dependants at:

No. of child dependants:

No. of other dependants:

Total dependants:

Pre-Primary School	<input type="text"/>	University	<input type="text"/>
Primary school	<input type="text"/>	Technikon	<input type="text"/>
Secondary school	<input type="text"/>	College	<input type="text"/>

Personal Particulars: Please complete all the relevant sections

Father's full name:

Training/Qualification:

Occupation:

Mother's full name:

Training/Qualification:

Occupation:

Guardian No.1's full name:

Training/Qualification:

Occupation:

Guardian No.2's full name:

Training/Qualification:

Occupation:

Please provide any other important information that you believe should be considered with this application.

8. REFERENCE FROM EDUCATOR

I, the undersigned, confirm the following concerning the Allan Gray Scholarship applicant:

Academic ability and potential of the applicant:

Leadership and courageous qualities:

I recommend this applicant for the Allan Gray Scholarship because:

This reference was given by me, the undersigned, as my capacity as:

School:

I can be contacted at:

Telephone number:

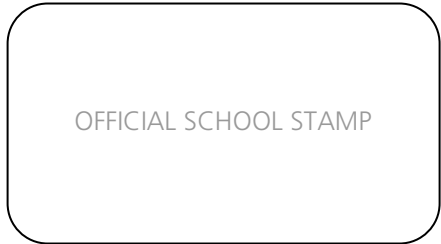
Cell number:

Email:

Full name:

Signature: _____

Date: / /
D D M M C C Y Y



9. REFERENCE FROM LEADER IN COMMUNITY

I, the undersigned, confirm the following concerning the Allan Gray Scholarship applicant:

Number of years that I have known the applicant:

Describe the family situation:

Describe the applicant's involvement and participation in the activities of your church/organisation:

I recommend this applicant for the Allan Gray Scholarship because:

This reference was given by me, the undersigned, as my capacity as:

Church/community organisation:

I can be contacted at:

Telephone number:

Cell number:

Email:

Full name:

Signature: _____

Date: / /
D D M M C C Y Y



ATTACHMENTS CHECKLIST:

Please ensure that the following documents accompany your application form:

- | | | | |
|--------------------------|---|--------------------------|--|
| <input type="checkbox"/> | Certified copy of birth certificate, ID or passport | <input type="checkbox"/> | Recent passport size photograph |
| <input type="checkbox"/> | Certified copies of Grade 7 AND 6 school results
(where possible, include Grade 5 results as well) | <input type="checkbox"/> | Original or certified copies of parents'/guardians'
pay slip and/or other income* |

***IMPORTANT NOTE:** Parents/guardians need to submit proof of income that is certified by a commissioner of oaths. Likewise, unemployed parents/guardians need to submit a letter signed by a commissioner of oaths in which they state their reasons for unemployment as well as the period for which they have been unemployed. Failing to follow the steps as outlined above will result in the application not being processed.

WHERE DID YOU HEAR ABOUT THE FOUNDATION'S SCHOLARS PROGRAMME?

Please tick the box(es) that apply and provide any specific information in the space provided below:

- | | | | |
|--------------------------|---|--------------------------|--|
| <input type="checkbox"/> | Newspaper (please specify) | <input type="checkbox"/> | Meeting/Conference |
| <input type="checkbox"/> | Radio | <input type="checkbox"/> | Allan Gray Orbis Foundation's Website |
| <input type="checkbox"/> | Television | <input type="checkbox"/> | Word of mouth (please specify below where they heard about us) |
| <input type="checkbox"/> | School/teacher (please specify below where they heard about us) | <input type="checkbox"/> | Other (please specify below) |

Specify here: _____

STATEMENT OF INTEGRITY

I hereby certify that I have provided accurate information in this application. I authorise all persons or entities to provide any relevant information in their possession to the Allan Gray Orbis Foundation or its agent for use in considering me for admission or verifying my credentials for admission, and I expressly waive any required notice to me. I understand and agree that any misrepresentation or omission of facts in my application will justify denial of admission, the cancellation of admission, or expulsion.

I hereby grant permission to Allan Gray Orbis Foundation to utilise the information provided in this application for the purposes of the Foundation's activities.

This application is my own, honest statement to the Scholars Programme Selection Committee.

Your signature: _____

Date: / /
D D M M C C Y Y

Parent/Legal guardian signature: _____

Date: / /
D D M M C C Y Y

Please return this application form together with all the supporting documents to:

The Allan Gray Orbis Foundation
P O Box 230
100 Heritage Square
Robert Mugabe Avenue
Windhoek
NAMIBIA

Allan Gray Orbis Foundation contact details:

Tel: 061 221103
Fax: 061 221161



DEADLINE: Friday, 11 June 2010