

FELLOWSHIP APPLICATION FORM 2018

For Swaziland learners currently in A/S, A Levels, Grade 12 IEB, I/B or Equivalent

PREREQUISITES

- Indication of entrepreneurial flair and passion
- Citizenship of Swaziland
- Belief in the future of your country
- Ambassador of the Foundation's intended profile. In other words, demonstrating a Spirit of Significance, Intellectual Imagination, Achievement Excellence, Personal Initiative and Courageous Commitment
- Intention to study for a Commerce, Science (excluding Medicine), Engineering, Law or Humanities (majoring in Politics, Philosophy OR Economics) degree at the University of the Witwatersrand, University of Johannesburg, University of Cape Town, Nelson Mandela University, Rhodes University, University of the Western Cape, Stellenbosch University, University of Pretoria and University of the Free State

Academic Requirements:

- Minimum C in Mathematics
- Certified copies of Academic/Extra-curricular awards/recognition must be provided for Form 4, 5 and 6. Candidates must not be older than 21 years of age in 2018.

APPLICATION DEADLINE: 24 AUGUST 2018 BY 17H00

POST TO:

Allan Gray Orbis Foundation
P.O. Box 230
Windhoek

HAND DELIVER TO:

100 Robert Mugabe Avenue,
Heritage Square, Unit 2, 1st Floor
Windhoek

OQVDLROWREDLOBREYOLPMEE
VARB**THIS**JB**JT**ISREY**ABACALLOS**
SOB**TO**UVJ**NJ**YOU**WFUTURE**SSOB
ELIM**SENTREPRENEURS**GNIZALB
PTOAMBITIMTVAOYRWJNOISSAP



ACHIEVEMENT
EXCELLENCE



INTELLECTUAL
IMAGINATION



PERSONAL
INITIATIVE



SPIRIT OF
SIGNIFICANCE



COURAGEOUS
COMMITMENT

Important note to applicants

- The Allan Gray Orbis Foundation seeks to promote progress through entrepreneurship in an integrated Southern Africa. The Foundation aims to achieve this mission by identifying, educating and equipping demographically diverse individuals who have the potential to excel and make a significant future impact as high impact responsible entrepreneurs.
- All shortlisted candidates are required to have independently written the National Benchmark Tests (NBT) (AQL and Maths) by 30 September 2018. Additional information on the National Benchmark Tests can be obtained from your school, www.nbt.ac.za or by calling 021 650 3523. Failure to write NBT by the stipulated dates will exclude you from the selection process.
- All information requested by the Allan Gray Orbis Foundation **will be kept confidential**. The Foundation will not disseminate any personal information unless specifically authorised on page 14 of this application.
- Submission of this application form to the Allan Gray Orbis Foundation does **NOT** automatically guarantee that you (the applicant) will be awarded the Allan Gray Fellowship.
- Allan Gray Orbis Foundation would not solicit funds from candidates
- Faxed and/or emailed copies of the application form will NOT be accepted. Please ensure that you submit the application form in good time in order to meet the application deadline. **Application forms received after 24 August 2018 (17h00) will NOT be considered.**
- **Please retain a copy** of your completed application form and other relevant documents for your own records. Only applications received in ENGLISH will be accepted.
- **Allan Gray Orbis Foundation contact details:**
Tel: 061 - 221103 | Email: namibia@allangrayorbis.org | Website: www.allangrayorbis.org
Please direct all queries to the contact details provided above. Queries posted on social media platforms e.g. Facebook or Twitter will not receive a response.

2018 Selection Process

Step 1	Submit completed application form	24 August 2018
Step 2	Fellowship candidates expected to write the National Benchmark Tests	AQL and Mathematics Test by 30 September 2018
Step 3	Shortlisted applicants will be invited to a face to face interview	September 2018
Step 4	Shortlisted candidates will be invited to a Selection Camp	October 2018

Please note that applicants will be contacted after each step of the selection process to notify them of their application status.

Application Checklist

You will need to make sure that all requirements are carefully met and the correct information is provided so that your application can be processed.

- Certified copy of your ID
- Certified copy of your final Form 4 report Certified copy of your final Form 5 report (most recent)
- A/S, A Levels, Grade 12 IEB, I/B or Equivalent report (where available)
- Recent passport-size photograph
- Minimum C in Mathematics
- Certified copies of Academic/Extra-curricular awards/recognition/supporting documentation obtained in Form 4, 5 and 6
- Stamped and signed reference from an Educator enclosed with application in separately sealed envelope
- I am currently in A/S, A Levels, I/B or Equivalent
- I have taken a gap year after school
- Parent's/ Legal guardian's signature (page14) Applicant's signature (page14)
- Application must be completed in ENGLISH

ATTACH A
RECENT PASSPORT SIZE
PHOTOGRAPH
OF APPLICANT

For Official Use:

Application Reference
Number:

AGM _____

Eligible Ineligible

APPLICATION FORM

1. APPLICANT (Factual information about yourself)

Title: Mr / Miss / Ms / (Please circle the appropriate option)	First name(s):
Surname:	Middle names:
Date of birth: <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	Gender: Male / Female (Please circle the appropriate option)
Country of citizenship:	Ethnic group:
ID / Passport no:	Do you have any form of disability? (If yes, please specify) <input type="text" value="Y"/> <input type="text" value="N"/>
Home address	Postal address
Street name & no:	P.O Box:
Suburb / Township / Village:	Suburb / Township / Village:
City:	City:
Region:	Region:
Country:	Country:
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"/> <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"/> <input type="text"/>
Email address:	Home language:
Second language:	Other languages:
Preferred method of contact: Post / Email / Home phone / Cell (Please circle the appropriate option)	

2. EMERGENCY CONTACT DETAILS (If we need to contact you urgently.)

Title: Mr / Mrs / Ms / Dr (Please circle the appropriate option)	
First name(s):	Surname:
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"/> <input type="text"/>	Relationship to applicant: (e.g. Mother, Father, Aunt)
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"/>	

3.1. PARENT OR GUARDIAN DETAILS (1) (Information about your parent or legal guardian)

Title: Mr / Mrs / Ms / Dr (Please circle the appropriate option)	First name(s):
Surname:	Date of birth: <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
Country of citizenship:	Parent / Guardian (Please circle the appropriate option)
Relationship to applicant: (e.g. Mother, Father, Aunt)	Marital status: Single / Married / Divorced / Widowed (Please circle the appropriate option)
ID / Passport no: <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"/>	Occupation:
Home address	Email address:
Street name & no:	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"/> <input type="text"/>
Suburb / Township / Village:	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"/> <input type="text"/>
City:	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"/>
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"/>
Country:	Preferred method of contact: (Please circle the appropriate option) Post / Email / Home phone / Work phone / Cell

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

Title: Mr / Mrs / Ms / Dr (Please circle the appropriate option)		First name(s):	
Surname:		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:		Parent / Guardian (Please circle the appropriate option)	
Relationship to applicant: (e.g. Mother, Father, Aunt)		Marital status: Single / Married / Divorced / Widowed (Please circle the appropriate option)	
ID / Passport no: <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"/>		Occupation:	
Home address		Email address:	
Street name & no:		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"/>	
Suburb / Township / Village:		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"/>	
City:		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"/>	
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"/>	
Country:		Preferred method of contact: (Please circle the appropriate option) Post / Email / Home phone / Work phone / Cell	
Combined monthly household income of parent(s) and / or guardian(s) before deductions: (Please tick the relevant box)			
<input type="checkbox"/> SZL0–SZL4 799 <input type="checkbox"/> SZL4 800–SZL9 599 <input type="checkbox"/> SZL9 600–SZL 19 199 <input type="checkbox"/> SZL19 200–SZL 38 399 <input type="checkbox"/> > SZL38 400			

4. ACADEMIC HISTORY (Please ensure that a certified copy of your school results is included with your application)

School name:		Suburb / Township / Village:			
Street name:		City:			
Region:					
Type of School					
<input type="checkbox"/> Private		<input type="checkbox"/> Public			
<input type="checkbox"/> Girls Only		<input type="checkbox"/> Boys Only			
School address (Where is your school located?) <input type="checkbox"/> Suburb <input type="checkbox"/> Township <input type="checkbox"/> Combined <input type="checkbox"/> Rural Area					
Telephone 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"/>		Form 6 Completion year: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
Form 5 results: (Please complete the table)		Form 4 results: (Please complete the table)			
Position in class: No. of pupils in class:		Position in class: No. of pupils in class:			
Position in grade: No. of pupils in grade:		Position in grade: No. of pupils in grade:			
FORM 5	Subject	Percentage (%)	FORM 4	Subject	Percentage (%)
	Pure Mathematics			Mathematics	

List all academic achievement awards and/or recognition (please indicate the level of achievement e.g. School, Community, Town, Regional, Provincial, National, International): (Please attach supporting documentation with your application.)

	OFFICIAL SCHOOL STAMP

5. INTENDED UNIVERSITY STUDIES (2019)

Order of preference	Faculty*	Name of degree	University**
1			
2			
3			

* Faculty choice – Application for the Fellowship is limited to the faculties of Commerce, Engineering, Science (excluding Medicine), Law and Humanities (Politics, Philosophy or Economics). You may choose the same faculty more than once.

** University choice – The Foundation currently offers the Fellowship opportunity at UCT, Wits, UJ, NMMU, UWC, SU, UP, Rhodes and UFS. You may choose the same university more than once. Please note: Applicants need to be based at the university of study – no correspondence applicants will be accepted.

6. EXTRA-MURAL ACTIVITIES (Please list any achievements or awards at high school or community.)

Leadership: Please indicate current or previous leadership roles.

Institution	Position	Duration of involvement	Level	Reference
(e.g. High School)	(e.g. Member of LRC)	(e.g. Jan 2015–June 2016)	(e.g. School, Community, Town, Regional, National, International)	(e.g. Mr A.N. Other)

Community service/involvement: Please indicate any community involvement in which you participate or have participated.

Organisation	Nature of involvement	Duration of involvement	Level	Reference
(e.g. Rotary Club)	(e.g. Secretary)	(e.g. 2 years)	(e.g. School, Community, Town, Regional, National, International)	(e.g. Ms S.M. Body)

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

Sport	Level	Regional/National	Special Achievements	Reference
(e.g. Soccer)	(e.g. School 1 st team)	(e.g. Regional side)	(e.g. Best player of the year)	(e.g. Mrs J. Doe)

WHERE DID YOU HEAR ABOUT US?

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

- | | |
|--|---|
| <input type="checkbox"/> Allan Gray Orbis Foundation Website | <input type="checkbox"/> Newspaper (please specify which newspaper) |
| <input type="checkbox"/> Email (I received an email with the details) | <input type="checkbox"/> Poster / Brochure / Flyer |
| <input type="checkbox"/> Email from Allan Gray Ltd | <input type="checkbox"/> Radio (please specify) |
| <input type="checkbox"/> Allan Gray Orbis Foundation Newsletter | <input type="checkbox"/> Magazine (please specify) |
| <input type="checkbox"/> The Bursary Register | <input type="checkbox"/> Television (please specify) |
| <input type="checkbox"/> School Teacher (please specify which school) | <input type="checkbox"/> Facebook |
| <input type="checkbox"/> Campus/School Presentation | <input type="checkbox"/> YouTube |
| <input type="checkbox"/> Life skills office | <input type="checkbox"/> Twitter |
| <input type="checkbox"/> An Allan Gray Fellow told me about it | <input type="checkbox"/> SMS |
| <input type="checkbox"/> Word of Mouth (please specify where you heard about it) | |
| <input type="checkbox"/> Community Newspaper (please specify which newspaper) | |
| <input type="checkbox"/> Other (please specify) | |

Specify here: _____

WHAT ORGANISATIONS OR INITIATIVES HAVE YOU BEEN INVOLVED IN?

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

- | | | |
|--|---|---|
| <input type="checkbox"/> Young Achievers | <input type="checkbox"/> Scifest Africa | <input type="checkbox"/> enke: Make your Mark |
| <input type="checkbox"/> Toastmasters | <input type="checkbox"/> Junior Achievement | <input type="checkbox"/> Minquiz |
| <input type="checkbox"/> English Olympiad | <input type="checkbox"/> Science Olympiad | <input type="checkbox"/> Computer Olympiad |
| <input type="checkbox"/> Bridge Building Competition | <input type="checkbox"/> Mathematics Olympiad | |
| <input type="checkbox"/> Afrikaans Olympiad | <input type="checkbox"/> Accounting Olympiad | |
| <input type="checkbox"/> World Knowledge Olympiad | <input type="checkbox"/> Junior City Council | |
| <input type="checkbox"/> Other (please specify) | | |

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. 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 the 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 Admissions Committee.

CONSENT

By signing this application, you are giving the Allan Gray Orbis Foundation, consent to:

- Share your personal information with internal and external assessors for assessment purposes
- To use your information for research purposes (full confidentiality will be observed)
- To store your information on our data management system
- Should you be invited to an interview and selection camp, you give the foundation consent to take pictures and video recordings of you
- Allan Gray Orbis Foundation, undertakes to protect your information and to ensure that is not used for any purpose outside of this application process

Applicant's signature: _____ Date:

Parent's/Legal guardian's signature: _____ Date:

The Allan Gray Orbis Foundation is proud to have partnered with various funding organizations working with(in) universities and other related projects. These partners share an interest in providing further opportunities to candidates who show potential within the Foundation selection process but who are not ultimately successful as Allan Gray Fellows. While these alternative opportunities are by no means guaranteed, would you consent to the Foundation communicating your personal particulars to these 3rd parties?

Yes No

REFERENCE FROM EDUCATOR Continued

The Allan Gray Orbis Foundation's Five Pillars

The Allan Gray Orbis Foundation is looking to support individuals who demonstrate the following characteristics as they pursue their entrepreneurial endeavour:

Spirit of Significance	A weight of personality that comes from living a life personified by passion and integrity. Recognition that ultimate personal satisfaction comes from empowering oneself in order that one might be able to serve others.
Achievement Excellence	The on-going pursuit of excellence with a tangible and specific focus on setting goals. A motivation to make a difference and leave a mark. To be bold, not looking back, but pressing forward in the pursuit of one's goals.
Intellectual Imagination	An enquiring and active mind demonstrated by an established record of intellectual achievement. An ability to see the unseen, challenge the status quo and suggest that things could be done differently to create new opportunities.
Personal Initiative	A person that makes things happen and celebrates the satisfaction of bringing new things into being. Independent, proactive and self starting. A person who is willing and able to make their own decisions.
Courageous Commitment	The courage and dedication to continue, realising that applying consistent commitment has a way of overcoming.

Having read the application criteria (Five Pillars) above, I recommend this applicant for the Allan Gray Fellowship because:

In order to assist the Foundation to better understand the applicant's schooling context, please tick the relevant boxes to show the type of awards presented to learners in recognition of their performance. Also provide us with information relating to Sports and indicate the type of facilities available by ticking the relevant boxes:

Awards / Certificates / Recognition

- Academic Honours
- Full Colours
- Half Colours
- Top achiever in class / grade
- Dux Scholar
- Student Leadership Body (RCL etc)
- Merit Certificates

Sporting / Extra-murals

- Soccer
- Cricket
- Rugby
- Netball
- Basketball
- Athletics
- Swimming
- Debating

Facilities

- Library
- Computer Lab
- Sports Fields
- School hall

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

School name:	
Title: Mr / Mrs / Dr (Please circle the appropriate option)	Current position:
First name(s):	Surname:
Telephone 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"/>	Cell 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"/>
Email:	School website:

Signature: _____

Date: