

**FIRST YEAR UNIVERSITY**  
**FELLOWSHIP**  
**PROGRAMME**  
**APPLICATIONS**



## ENTREPRENEURIAL SUPPORT:

Mentorship from an individually assigned Foundation staff member as well as a business mentor

Access to the online AGOF entrepreneurial curriculum

Annual entrepreneurship conference, seminars and workshops

Access to a community of like-minded individuals

## ACADEMIC SUPPORT:

Full tuition at one of our 11 partner universities

University accommodation and meals

Textbooks & tutoring allowance

Monthly stipend

## APPLICANT REQUIREMENTS

### FIRST YEAR

- Due to COVID-19 academic results will be considered at a later stage in the selection process.
- Studying towards a Commerce, Science, Engineering, Law, Humanities, Arts of Health Science (Excluding Medicine, Veterinary Science & Dentistry) degree at one of our 11 partner universities
- Applicants must be under the age of 22 in the year of application
- Eswatini citizenship

First Years - Open: 02 June 2020 | Close: 30 October 2020

Allan Gray Orbis Foundation | Ae//Gams Building | Am Weinberg Estate | 13 Jan Jonker Road | Klein Windhoek, Namibia  
Email: [eswatini@allangrayorbis.org](mailto:eswatini@allangrayorbis.org)

FIRST YEAR  
FIRST YEAR  
FIRST YEAR

# FELLOWSHIP APPLICATION FORM 2020

## First Year Application Form

### PREREQUISITES

- Indication of entrepreneurial flair and passion
- Eswatini citizenship
- Belief in the future of our country
- Demonstrating a Spirit of Significance, Intellectual Imagination, Achievement Excellence, Personal Initiative and Courageous Commitment
- Intention to study towards a Commerce, Science (excluding Medicine, Veterinary Science and Dentistry), Engineering, Law, Humanities or Arts 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, University of the Free State TSIBA and University of KwaZulu Natal

### Academic Requirements:

- Due to COVID-19 academic results will be considered at a later stage in the selection process.
- Applicants must be under the age of 22 in the year of their application.

## IMPORTANT INFO

### APPLICATION DATES

Opening date:

**02 JUNE 2020**

Closing date:

**30 OCTOBER 2020**

### COURIER TO

Allan Gray Orbis Foundation,  
Ae Gams Building  
Am Weinberg Estate,  
13 Jan Jonker Road,  
Klein Windhoek,  
Windhoek,  
Namibia

### POST TO

The Knowledge Institute  
P.O. Box 9671  
Mbabane  
Kingdom of Eswatini  
H100

## 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 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 15 of this application.
- Allan Gray Orbis Foundation would not solicit funds from candidates.
- 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.
- 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 30 October 2020 (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: 00264 61258214 | Email: [eswatini@allangrayorbis.org](mailto:eswatini@allangrayorbis.org) | Website: [www.allangrayorbis.org](http://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.

## 2020 Selection Process

Step 1	Submit your application form and supporting documentation online on or before 30 October 2020, 17:00pm SAT
Step 2	Successful applicant candidates will be invited for an interview
Step 3	Successful interview candidates will be invited to a selection camp
Step 4	Successful camp candidates will receive formal offers

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 ID
- Certified Grade 12 report
- Recent passport-size photograph
- I am under 22 years of age in 2020
- The 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:	
ID / Passport no:	Do you have any learning barriers or disabilities, whether physical or other? (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:
Province:	Province:
Country:	Country:
Postal code: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Postal code: <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"/> <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"/>
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 <sup>st</sup> 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 <sup>nd</sup> 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"/> <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"/>
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"/>
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"/>
Province:	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)
Postal code: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	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"/>	
Province:		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)	
Postal code: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		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 - SZL59 999	<input type="checkbox"/> SZL60 000 - SZL79 999	<input type="checkbox"/> SZL80 000 - R99 999	<input type="checkbox"/> SZL80 000 - SZL99 999
<input type="checkbox"/> SZL100 000 - SZL119 999	<input type="checkbox"/> SZL120 000 - SZL139 999	<input type="checkbox"/> SZL140 000 - SZL159 999	<input type="checkbox"/> SZL160 000 - SZL179 999
<input type="checkbox"/> SZL180 000 - SZL199 999	<input type="checkbox"/> > SZL200 000		
Number of people dependent on household income and living in the home (e.g., parents/guardians, applicant, child dependents, adult dependent, etc.): (Please tick the relevant box)			
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8
<input type="checkbox"/> 9	<input type="checkbox"/> 10		

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

University name:							
Student number:							
Faculty:				Year of study:			
Degree path/major/specialisation:							
Course (Mid-Year) Results	Course Code	%	Date	Course (Mid-Year) Results	Course Code	%	Date
School name:				Suburb / Township / Village:			
Street name:				City:			
Province:				Postal code: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
Type of School (Select 1 option in each of the 2 rows below, e.g. Private and Girls only)							
<input type="checkbox"/> Private	<input type="checkbox"/> Public	<input type="checkbox"/> Ex-Model C					
<input type="checkbox"/> Girls Only	<input type="checkbox"/> Boys Only	<input type="checkbox"/> Co-Ed					
School address (Where is your school located?)				<input type="checkbox"/> Suburb	<input type="checkbox"/> Township	<input type="checkbox"/> Village	<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"/>				Grade 12 Completion Year: <input type="text"/> <input type="text"/> <input type="text"/>			

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 POSTGRADUATE STUDIES

Order of preference	Faculty	Name of degree	University
1			
2			
3			

## 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 RCL]	[e.g. Jan 2018 – June 2019]	[e.g. School, Community, Town, Regional, Provincial, 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, Provincial, National, International]	[e.g. Ms S.M. Body]

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

Sport	Level	Provincial/National	Special Achievements	Reference
[e.g. Soccer]	[e.g. School 1 <sup>st</sup> team]	[e.g. Gauteng province 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"/> An Allan Gray Fellow      |
| <input type="checkbox"/> School Visit / Presentation         | <input type="checkbox"/> Social Media              |
| <input type="checkbox"/> School Teacher / Principal          | <input type="checkbox"/> Poster / Brochure / Flyer |
| <input type="checkbox"/> Radio (please specify)              | <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"/> The Presidents Award                  | <input type="checkbox"/> GIBS Spirit of Youth | <input type="checkbox"/> Scifest Africa           |
| <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"/> Kutlwanong Promaths Expo |
| <input type="checkbox"/> Afrikaans Olympiad                    | <input type="checkbox"/> Accounting Olympiad  | <input type="checkbox"/> Eskom Expo               |
| <input type="checkbox"/> World Knowledge Olympiad              | <input type="checkbox"/> Junior City Council  | <input type="checkbox"/> enke: Make your Mark     |
| <input type="checkbox"/> Allan Gray Entrepreneurship Challenge |   | <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 to use on its communications platforms.
- I agree to undergo all assessments that form part of the Allan Gray Orbis Foundation selection process.
- Should your application be unsuccessful, you give the Foundation consent to share your information with alternative bursary providers.
- For feedback purposes, I give the Foundation permission to share the outcome of my application with my school, Department of Education District officials and universities
- Allan Gray Orbis Foundation, undertakes to protect your information and to ensure that it 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 3<sup>rd</sup> parties?

Yes  No