

ENTREPRENEURSHIP *LAUNCH YOUR LEGACY* BEGINS HERE

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2023 UNIVERSITY
FELLOWSHIP PROGRAMME
OPEN TO AS-LEVEL LEARNERS
APPLY BEFORE 04 AUGUST
2023, 17:00 SAST

APPLICATION FORM



FELLOWSHIP APPLICATION FORM 2023

University Fellowship Application Form

PREREQUISITES

- Indication of entrepreneurial flair and passion
- Eswatini citizenship
- Belief in the future of our country
- 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 or University of KwaZulu-Natal
- Candidates must not be older than 21 years of age in 2023

Academic Requirements:

- Minimum of 60% in Ordinary Mathematics for final grade 11/Form 5 results
- Minimum average of 70% for final Grade 11/Form 5 results (excluding Life Orientation)
- Minimum average of 70% for AS level mid-year results

IMPORTANT INFO

APPLICATION DATES

Opening date:

10 FEBRUARY 2023

Closing date:

04 AUGUST 2023, 17:00 SAST

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 04 August 2023, 17:00 SAST 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:**
T: 0026461 258214 • Whatsapp: +264813065510 • E: ebn@allangrayorbis.org • W: www.allangrayorbis-fellowship.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.
- Candidates must not be older than 21 years of age in 2023.

2023 Selection Process

Step 1	Submit completed application form by	04 August 2023, 17:00 SAST
Step 2	Shortlisted candidates will be invited to a interview	August - September 2023
Step 3	Shortlisted candidates will be invited to a Selection Camp	October 2023

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 Grade 11/Form 5 report (most recent)
- Minimum of 60% in Pure Mathematics OR a minimum of 80% in Mathematical Literacy for final grade 11/Form 5 results
- Minimum average of 70% for Grade 11/Form 5 results (excl. Life Orientation)
- Minimum average of 70% for AS level mid-year results
- I am under 21 years of age in 2023
- Parent(s) / Legal guardian(s) signature (page 15) should applicant be under the age of 18**
- Applicant's signature (page 15)
- This application must be completed in ENGLISH

For Official Use:

Application Reference Number:

AGC _____

AGS _____

Eligible Ineligible

APPLICATION FORM

1. APPLICANT (Factual information about yourself)

Title: Mr / Miss / Ms / Mx (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:	Race: Black / White / Coloured / Indian / Asian (Please circle the appropriate option)
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:
Region:	Region:
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 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)

(Please ensure that you have accurately completed all the details of all your guardians and understand that by signing and submitting you are confirming that these details are accurate and correct)

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"/>
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)
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 (SZL) of parent(s) and / or guardian(s) before deductions: (Please tick the relevant box)				
<input type="checkbox"/> 0 - 4 799	<input type="checkbox"/> 4 800 - 9 599	<input type="checkbox"/> 9 600 - R 19 199	<input type="checkbox"/> 19 200 - 38 399	<input type="checkbox"/> 38 400 - 59 999
<input type="checkbox"/> 60 000 - 79 999	<input type="checkbox"/> 80 000 - 99 999	<input type="checkbox"/> 100 000 - 119 999	<input type="checkbox"/> 120 000 - 139 999	<input type="checkbox"/> 140 000 - 159 999
<input type="checkbox"/> 160 000 - 179 999	<input type="checkbox"/> 180 000 - 199 999	<input type="checkbox"/> > 200 000		
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)

School name:		Suburb / Township / Village:	
Street name:		City:	
Region:		Postal code: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Type of School: <input type="checkbox"/> Private <input type="checkbox"/> Public <input type="checkbox"/> Church - Public			
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"/> <input type="text"/>		Grade 12 / AS Level Completion year: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

Grade 11/Form 5 results:(Please complete the table)

GRADE 11/FORM 5	Subject	Percentage (%)

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

5. INTENDED UNIVERSITY STUDIES IN 2024 (in order of preference)

Faculty*	Name of degree	University**

- * Faculty choice – Intention to study towards a Commerce, Science (excluding Medicine, Veterinary Science and Dentistry), Engineering, Law or Humanities degree.
- ** University choice – The Foundation currently offers the Fellowship opportunity at WITS, UJ, UCT, NMU, Rhodes, UWC, SU, UP, UFS and UKZN. 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 RCL]	[e.g. Jan 2020 – June 2021]	[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 st 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"/> Poster / Flyer / Brochure |
| <input type="checkbox"/> Allan Gray Entrepreneurship Challenge | <input type="checkbox"/> Columba Leadership |
| <input type="checkbox"/> An Allan Gray Fellow | <input type="checkbox"/> SSP |
| <input type="checkbox"/> School Visit / Presentation | <input type="checkbox"/> TTP |
| <input type="checkbox"/> School Teacher / Principal | <input type="checkbox"/> EWETS |
| <input type="checkbox"/> iDestiny | <input type="checkbox"/> Facebook |
| <input type="checkbox"/> Kagiso Trust | <input type="checkbox"/> Instagram |
| <input type="checkbox"/> Radio | <input type="checkbox"/> Twitter |
| <input type="checkbox"/> Smart Foundation | <input type="checkbox"/> LinkedIn |
| <input type="checkbox"/> Other | |

If "other", specify: _____

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
- Use your information for research purposes (full confidentiality will be observed)
- Store your information on our data management system
- Take pictures and video recordings during the interview and selection camp stages, should you be successful. These pictures and recordings can be used for marketing purposes
- Undergo all assessment that form part of the Allan Gray Orbis Foundation selection process
- Share your details with other bursary providers, should you be unsuccessful for the Fellowship opportunity
- Share the outcome of your application with your school, Department of Education District officials or universities

Applicant's signature: _____ Date:

Parent's/Legal guardian's signature (if under 18): _____ Date:



Allan Gray Orbis Foundation undertakes to protect your personal information and to ensure that it is not used for any purpose outside of this application process.