

# DREAM BIG EMPOWERING TOMORROW'S LEADERS BUILD BOLDLY



## 2026 UNIVERSITY FELLOWSHIP PROGRAMME

### OPEN TO:

**-IGCSE** (completed first year of  
bachelor's degree at local university)

### APPLY BEFORE

**31 JULY 2026. 17:00 SAST**

# APPLICATION FORM

**ESWATINI**



# UNIVERSITY APPLICATION FORM 2026

## PREREQUISITES

- Current Form 6 learners in the year of application
- Indication of entrepreneurial flair and passion
- Eswatini citizenship
- Demonstrable 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 the current year

## ACADEMIC REQUIREMENTS

- Minimum of 60% in Mathematics for Form 6 results
- Minimum average of 70% for Form 6 results (excluding Life Orientation)
- IGCSE (Completed first year of bachelor's degree at local university)

## IMPORTANT INFO

### APPLICATION DATES

Opening date:  
**MONDAY, 3 FEBRUARY  
2026**

Closing date:  
**THURSDAY, 31 JULY 2026,  
17h00 SAST**

### HAND DELIVER TO

**Allan Gray Orbis Foundation**  
13 Jan Jonker Road, Am  
Weinberg Estate, Klein  
Windhoek, Windhoek, Namibia

### POST TO

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

(Please try your best to use the online application or hand delivery option to avoid any delays by post. The Foundation will not accept any late application forms.)

## 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 Friday, 31 July 2026, 17h00 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:**  
Tel: 00264 61258214 • Email: ebn@allangrayorbis.org • Web: www.agof-ebn.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 the current year.

## 2026 Selection Process

Step 1	Submit completed application form by	31 July 2026 17h00 SAST
Step 2	Shortlisted candidates will be invited to a interview	August/September 2026
Step 3	Shortlisted candidates will be invited to a Selection Camp	October 2026

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 5 report (most recent)
- Minimum of 60% in Mathematics for Form 6 results
- Minimum average of 70% for Form 6 results (excluding Life Orientation)
- IGCSE (Completed first year of bachelor's degree at local university)
- I am under 21 years of age in the current year
- 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
- Have you applied to any of the partner universities? (UCT, UJ, UP, Wits, Rhodes, NMU, SU, UFS, UKZN, UWC)

#### For Official Use:

Application Reference  
Number:

AGC \_\_\_\_\_

AGS \_\_\_\_\_

Eligible  Ineligible

# APPLICATION FORM

(Please circle the appropriate option where applicable under each section.)

## 1. APPLICANT (Factual information about yourself.)

Title: Mr / Miss / Ms / Mx	First name(s):
Preferred Pronoun: He / Him, She / Her, They / Them	Middle name(s):
Surname:	Gender: Male / Female / Non-binary
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"/>	Race: Black / White / Coloured / Indian / Asian / Mixed race
Country of citizenship:	Do you have any learning barriers or disabilities, whether physical or other? (If yes, please specify)
ID / Passport no:	<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"/> <input type="text"/>
Email address:	Home language:
Second language: Preferred method of contact: Post / Email /	Other languages:
Home phone / Cell	

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

Title: Mr / Mrs / Ms / Mx / Dr	First name(s):
1st 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"/>	Surname:
2nd 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"/>	Relationship to applicant: (e.g. Mother, Father, Aunt)

## 3.1. PARENT OR GUARDIAN DETAILS (1) (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. Please ensure that information of both parents or legal guardian is included. If not, please provide an affidavit for the reason for the omission.)

Title: Mr / Mrs / Ms / Mx / Dr	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
Relationship to applicant: (e.g. Mother, Father, Aunt)	Marital status: Single / Married / Divorced / Widowed
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"/> <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"/> <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"/> <input type="text"/>
Country:	Preferred method of contact:
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. Please remember to complete details of the second parent or legal guardian.)

Title: Mr / Mrs / Ms / Mx / Dr		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	
Relationship to applicant: (e.g. Mother, Father, Aunt)		Marital status: Single / Married / Divorced / Widowed	
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:	
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 (N\$) 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"/> 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"/> 160 000 - 179 999	<input type="checkbox"/> 180 000 - 199 999	<input type="checkbox"/> > 200 000	<input type="checkbox"/> 38 400 - 59 999
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:	
Province:		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			
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"/> <input type="text"/>		Form 6 completion year: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

Grade 11/Form 5 results: (Please complete the table)	
Subject	Percentage (%)
GRADE 11 / Form 5	

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 2026** (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, UCT, NMU, Rhodes, UWC, SU, UP, UFS, UJ 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. Candidates are urged to apply to the universities of their choice. The Foundation doesn't apply on their behalf.)

**6. EXTRA-MURALACTIVITIES** (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 1steam)	(e.g. Khomas 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:

- Allan Gray Orbis Foundation Website
- Allan Gray Entrepreneurship Challenge
- An Allan Gray Fellow
- School Visit / Presentation
- Radio
- Smart Foundation
- Poster / Flyer / Brochure
- Columba Leadership
- School Teacher / Principal
- iDestiny
- Kagiso Trust
- SSP
- TTP
- EWETS
- Facebook
- Instagram
- Twitter
- LinkedIn
- Other

If "other", please 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 and any other related purposes
- Use your personal information for research statistical, monitoring and evaluation purposes (full confidentiality will be observed)
- Store your personal 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, Ministry of Education District officials or universities
- Share your personal information with any of the other entities forming part of Allan & Gill Gray Philanthropies for the purposes contained in this consent section and any other related purposes

Allan Gray Orbis Foundation confirms that it has sufficient security measures in place to ensure the integrity and confidentiality of the Personal Information received and where transmitted to member entities of Allan & Gill Gray Philanthropies.

While you may, unless legislation requires the processing, object to the processing of your personal information by Allan Gray Orbis Foundation, such objection may impact the abilities of Allan Gray Orbis Foundation to process and assess your application. You may at any time access the personal information and may further request rectification of the personal information, should this be necessary.

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.