



NAMCOL

SCHOLARSHIP APPLICATION FORM

Closing date

13 January 2024



INSTRUCTIONS FOR THE COMPLETION OF THE FORM

Attach the following documents:

- 1. Identification document (ID)
- 2. Proof of admission
- 3. Testimonial from Community Leader/Social Worker
- 4. Full birth certificate (where applicable)
- 5. Death Certificates of parents (where applicable) and if minor
- 6. Proof of Academic Qualifications

SECTION 1: COURSE OF STUDY

Programme Admitted for:

SECTION 2: PERSONAL INFORMATION

| Title (tick) | Mr | Mrs | Ms | Dr | Other: |
|------------------------------------|-------|-----|----|-----------------|--------|
| Surname: | | | | First Name (s): | |
| Student No: | | | | | |
| ID/Passport no/DoB | | | | | |
| Gender (tick) | M | F | | | |
| Marital Status: Single/ Married | | | | | |
| Region of Origin: | | | | | |
| Do you have a disability? Yes/No | _____ | | | | |
| If yes please specify | _____ | | | | |

SECTION 3: CONTACT INFORMATION

| | | | |
|--------------------|--|-------|--|
| Postal Address: | | Town: | |
| Village/Town/City: | | | |
| Tel: | | | |
| Cell No: | | | |
| Fax No: | | | |
| Email Address: | | | |
| Physical Address: | | | |
| Village/Town/City: | | | |

SECTION 4: EMPLOYMENT PARTICULARS

| | |
|-----------------------------------|--|
| Name of employer: | |
| Your Occupation: | |
| Employer's Postal address: | |
| Employer's Telephone no: | |

SECTION 5: SCHOOL LEAVING PARTICULARS

| | | |
|------------------------------|---------------|--|
| School Attended: | | |
| Highest Grade Passed: | | |
| Subject(s) | Symbol | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

SECTION 6: POST SCHOOL ACADEMIC QUALIFICATIONS

NOTE: Full academic record should accompany this application

| Student No.: | From Year | To Year | Name of University/School |
|---------------------|------------------|----------------|----------------------------------|
| | | | |
| | | | |
| | | | |

GENERAL INFORMATION:

Are you currently a bursary /loan holder? _____

If yes please indicate the bursary/loan institution _____

Are you a member of a marginalised group e.g ovahimba or San? _____

Are you an Orphan? If yes, please attach the full Birth Certificate and Death Certificate of both parents. Only applicable to those below the age of 21

Declaration:

I have provided all details required and I confirm that the information provided in this application is, to the best of my knowledge, true and correct. I undertake to notify the Student Welfare office of any changes in my circumstances without delay. I understand that any false information will invalidate this application.

| | |
|---|--|
| Applicant's Signature | |
| Date: | |
| Signature of Guardian (if under the age of 18): | |