

THE MASTERCARD FOUNDATION
SCHOLARS PROGRAM AT THE
UNIVERSITY OF CAPE TOWN

POSTGRADUATE SCHOLARSHIP APPLICATION
FORM

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UCT APPLICANT NUMBER
You will receive this number from UCT once you have submitted your application for a place to study at UCT in 2015. You must do so **BEFORE** submitting this application for The MasterCard Foundation Scholars Program at UCT.

CLOSING DATE: 30 SEPTEMBER 2014

PLEASE NOTE: THIS APPLICATION IS FOR MASTER'S STUDENTS ONLY

The University of Cape Town invites applications for award of a limited number of scholarships from economically disadvantaged African students for full-time study for the Master's degree by coursework, as well as for the Master's degree by research only, in any discipline. The Scholarships will be granted on the basis of **financial need**, to students proceeding to the Master's degrees; and who are accepted for, and who will register in 2015 at the University of Cape Town for the first year of their intended degrees.

APPLICATION PROCEDURE AND CONDITIONS

- Please see the accompanying Notice of Scholarship, Terms of Reference and Application Guidelines.
- Applications have to be submitted – along with all required supporting documentation – to the Interim Coordinator, The MasterCard Foundation Scholars Program (see address on Notice of Scholarship) by no later than 30 September 2014.
- The awards made available via this application form are restricted to economically disadvantaged Sub-Saharan African citizens only.
- Only candidates who have been accepted by the relevant academic department at the University of Cape Town are eligible for The MasterCard Foundation Scholars Program at UCT. Although each academic department has its own academic criteria, a minimum of 60% for the Honours, or equivalent degree is the overall academic criterion required.

SECTION A		PERSONAL DETAILS OF STUDENT		Title (Tick)	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Ms <input type="checkbox"/>	Other (please specify)
Family Surname (as per SA I.D. document or Passport)		First Name (as per SA I.D. document or Passport)						
Name prior to marriage (if applicable)		Preferred First Name						
Marital Status: Never Married Married Separated Divorced/Widowed		Identity or Passport Number						
Please attach a certified copy of your South African Identity document or Passport								
Date Of Birth								
dd		mm		yyyy		GENDER (TICK)		M <input type="checkbox"/> F <input type="checkbox"/>
Home Address (Physical)				Home Address (Postal)				
Postal Code				Postal Code				
Telephone Dialling Code:			Telephone Number:			Cell Number:		
Email Address(es) :								
1						2		

PLEASE ATTACH A CV OF NO MORE THAN TWO A4 PAGES.

CHECKLIST FOR SUPPORTING DOCUMENTATION FOR SECTION A - TO BE ATTACHED TO THIS APPLICATION FORM:

DESCRIPTION OF DOCUMENTS	ATTACHED – TICK AND INITIAL	
Certified copy of Identity document or passport	<input type="checkbox"/>	
If available, official documents providing verification of physical and postal addresses – e.g. telephone or electricity account.	<input type="checkbox"/>	
Applicant's Curriculum Vitae	<input type="checkbox"/>	

SECTION B

FINANCIAL DETAILS – APPLICANT, SPOUSE & FAMILY

B1 – APPLICANT

Please tick whichever is applicable EMPLOYED YES ☐ NO ☐ UNEMPLOYED YES ☐ NO ☐

If you are currently employed or personally receive income from any source please provide the following information:

Occupation: _____ (Tick:) Full-time ☐ Part time ☐

Gross Earnings: _____ (Tick:) Per week ☐ Month ☐ Year ☐

Employer's Name: _____ Employer's Tel. Number: _____

Nature of Business: _____

Self Employed: (Tick) YES ☐ NO ☐

DETAILS OF OTHER INCOME	VALUE	(Indicate: PER WEEK/ MONTH/YEAR)
Child support/maintenance	_____	
Allowances (of any nature)	_____	
Incoming Rental	_____	
Pension	_____	
Income received from estate of deceased person	_____	
Contributions from others	_____	
Income received from investments & other sources	_____	

B2 – SPOUSE

Please complete the following:

Please tick whichever is applicable MARRIED ☐ DIVORCED ☐ DECEASED ☐

Surname/Family Name of Spouse: _____ First Name(s) _____

Identity or Passport Number (Spouse) _____

Please provide a certified copy of your marriage certificate, if available, divorce decree and/or spouse's death certificate.

Please provide details of your Spouse's qualifications:

Qualification	Institution at which qualification obtained
_____	_____
_____	_____
_____	_____
_____	_____

Please tick whichever is applicable EMPLOYED YES ☐ NO ☐ UNEMPLOYED YES ☐ NO ☐

If your Spouse is employed please complete the following:

Occupation: _____ (Tick:) Full-time ☐ Part time ☐

Gross Earnings: _____ (Tick:) Per week ☐ Month ☐ Year ☐

Please provide copy of latest pay slip/pension

Name and Address of Employer: _____

Tel. Number of Employer: _____

Email Address of Employer: _____

B3 – FATHER/STEPFATHER/GUARDIAN

Please complete the following:

Surname/Family Name of

Father/Stepfather/Guardian _____

First Name(s) _____

Please provide details of your Father/Stepfather/Guardian's qualifications:

Qualification _____

Institution at which qualification obtained _____

Please tick whichever is applicable EMPLOYED YES ☐ NO ☐ UNEMPLOYED YES ☐ NO ☐

If Father/Stepfather/Guardian is employed please complete the following:

Occupation: _____ (Tick:) Full-time ☐ Part time ☐

Gross Earnings: _____ (Tick:) Per week ☐ Month ☐ Year ☐

Please provide copy of latest pay slip/pension

Name and Address of Employer: _____

Tel. Number of Employer: _____

Email Address of Employer: _____

B4 – MOTHER/STEP-MOTHER/GUARDIAN

Surname/Family Name of

Mother/Stepmother/Guardian _____

First Name(s) _____

Please provide details of your Mother/Stepmother/Guardian's qualifications:

Qualification _____

Institution at which qualification obtained _____

Please tick whichever is applicable EMPLOYED YES ☐ NO ☐ UNEMPLOYED YES ☐ NO ☐

If Mother/Stepmother/Guardian is employed please complete the following:

Occupation: _____ (Tick:) Full-time ☐ Part time ☐

Gross Earnings: _____ (Tick:) Per week ☐ Month ☐ Year ☐

Please provide copy of latest pay slip/pension

Name and Address of Employer: _____

Tel. Number of Employer: _____

Email Address of Employer: _____

B5. ADDITIONAL DEPENDANTS/PERSONS LIVING WITH YOU

Please list any additional dependants/persons currently living with or supported by you or your immediate family:

First Name/ Surname/ Family Name	Relationship to family	Individual's annual contribution to the support of the family

CHECKLIST FOR SUPPORTING DOCUMENTATION FOR SECTION B - TO BE ATTACHED TO THIS APPLICATION FORM:

DESCRIPTION OF DOCUMENTS, where applicable	ATTACHED – TICK AND INITIAL	
Copies of Applicant's salary/wage slip, maintenance payment, pension, grant, allowances.	<input type="checkbox"/>	
Copy of spouse's salary/wage slip.	<input type="checkbox"/>	
Copy of father/Stepfather/Guardian's salary/wage slip or pension statement.	<input type="checkbox"/>	
Copy of Mother/Stepmother/Guardian's salary/wage slip or pension statement.	<input type="checkbox"/>	

SECTION C

DETAILS OF ASSETS AND EXPENDITURE

C1 - ASSETS

DETAILS OF PROPERTY(S) OWNED BY APPLICANT/SPOUSE/MOTHER/FATHER/LEGAL GUARDIAN

Description and Address	Market Value (provide proof)	Monthly Bond Repayment (provide proof)	Mortgage Balance owing
1)			
2)			
3)			

PROVIDE PROOF OF LEASE AGREEMENT IF RENTING YOUR HOME

DETAILS OF MOTOR VEHICLE(S) OWNED BY APPLICANT/SPOUSE/MOTHER/FATHER/ LEGAL GUARDIAN

Description of Motor Vehicle(s) and owner	Year	Market Value	Balance owing
1)			
2)			
3)			

DETAILS OF ALL OTHER ASSETS

Item	Year Obtained	Value	Balance Owing/Paid (specify)
Telephone(s)			
Computer(s)			
Stove(s)			
Television(s) & Sound Equipment			
Refrigerators(s)			
Other (specify)			
Other (specify)			

C2 - EXPENDITURE (FROM JANUARY 2013 TO JANUARY 2014)

EXPENDITURE	ACTUAL MONETARY VALUE (IN LOCAL CURRENCY) – ANNUAL AMOUNT
Rent/Mortgage	
Property Rates	
Utilities (electricity, gas, wood)	
Food	
Household necessities	
Clothing	
Medical Expenses	
Insurance (home, life, etc)	
Transport	
Motor vehicle/s	
Taxes	
Entertainment/travel	
Child maintenance payment	
Other – specify	
Total	

CHECKLIST FOR SUPPORTING DOCUMENTATION FOR SECTION C 1 - TO BE ATTACHED TO THIS APPLICATION FORM:

DESCRIPTION OF DOCUMENTS, where applicable	ATTACHED – TICK AND INITIAL
Copy of home-ownership/valuation document	<input type="checkbox"/>
Copy of vehicle ownership document	<input type="checkbox"/>
Other (specify):	<input type="checkbox"/>

CHECKLIST FOR SUPPORTING DOCUMENTATION FOR SECTION C2 - TO BE ATTACHED TO THIS APPLICATION FORM:

DESCRIPTION OF DOCUMENTS, where applicable	ATTACHED – TICK AND INITIAL
Invoice for mortgage/rental payment	<input type="checkbox"/>
Property rates account	<input type="checkbox"/>
Electricity, water, refuse removal accounts	<input type="checkbox"/>
Statement on monthly expenditure on food, household necessities, clothing & entertainment	<input type="checkbox"/>
Evidence of medical continuous and ad hoc medical accounts	<input type="checkbox"/>
Copy of Tax return for the year	<input type="checkbox"/>
Other (specify):	<input type="checkbox"/>

SECTION D

ACADEMIC INFORMATION

If you are currently studying:

Degree for which you are currently registered		Date of first registration (ddmmyyyy)	
University at which you are currently registered		Anticipated date of completion (ddmmyyyy)	
University at which you were previously registered (if applicable)		Date of completion of degree (ddmmyyyy)	
Details and year of previous qualification(s)	1.	2.	
	Qualified (state degree, eg LLB):	Qualified (state degree)	
Intended degree for which you will register at UCT		Academic Department	
Name of intended Supervisor (if known and/or applicable)			

Provide details of two academic referees who are providing academic referee reports on your behalf. Your referees MUST BE ACADEMICS who have taught or supervised you at university. **Your application will not be considered without 2 academic referee reports.** It is your responsibility to ensure that the required references are sent to the Interim Coordinator of The MasterCard Foundation Scholars Program at the UCT. The Interim Coordinator will send out one request to your referees for a reference, thereafter no further attempts to source the references on your behalf will be made. You will be informed that you are required to follow up and source the required reference reports.

Name and E Mail address of Referee No. 1

Name and E Mail address of Referee No. 2

CHECKLIST FOR SUPPORTING DOCUMENTATION FOR SECTION D - TO BE ATTACHED TO THIS APPLICATION FORM:

DESCRIPTION OF DOCUMENTS, where applicable	ATTACHED – TICK AND INITIAL		
Proof of registration for current degree	<input type="checkbox"/>		
Certified copies of current and previous transcripts	<input type="checkbox"/>		

SECTION F LEADERSHIP DETAILS

Leadership positions held previously	Description	Contact person (if available)
Community service/ voluntary work previously done	Description	Contact person (if available)
Cultural, artistic, musical or religious activities and society or club membership/s	Description	Contact person (if available)

Participation in sporting activities	Description	Contact person (if available)

Previous achievements/awards received	Description	Month/Year

Have you applied for The MasterCard Foundation Scholars Program at any of the other partner universities?

Yes ☐ No ☐ If 'Yes', please list the universities and the year/s in which you applied

SECTION F

DECLARATIONS AND SIGNATURES

Declaration 1

Have you ever been declared mentally unfit by a court of law? (tick) Yes ☐ No ☐

Have you ever been convicted of a crime by a court of law? (tick) Yes ☐ No ☐

Are you physically disabled? (tick) If yes, state the nature of your disability and attach a medical certificate as evidence Yes ☐ No ☐

Declaration 2

DECLARATION BY BIOLOGICAL PARENT/SPOUSE/COURT-APPOINTED LEGAL GUARDIAN (specify)

(To be completed by parent /spouse or legal guardian if student is under 21 years of age.)

I, _____ declare that the information recorded by my
(Parent/guardian to print full name)
son/daughter in this document is true to the best of my knowledge and belief.

Signature of parent/guardian: _____ Date: (ddmmyyyy) _____

As witnessed by _____
(Signature of witness) (Initials and last name of witness)

Date: (ddmmyyyy) _____

Declaration 3

THE APPLICANT IS REQUIRED TO PRINT HIS/HER FULL NAME BELOW, TO INITIAL EACH BULLET POINT BELOW AND TO SIGN IN THE PLACE PROVIDED.

DECLARATION BY STUDENT:

(Student to print full name) _____

- I hereby understand that acceptance of a place to study at the University of Cape Town, and submission of this APPLICATION FORM for The MasterCard Foundation Scholars Program does not guarantee that I will be awarded of the scholarship.
- I hereby declare that, should I be successful in my application for The MasterCard Foundation Scholars Program:
 - I will be required to furnish the original transcripts on registration at UCT
 - The information stated in this application, including the information about my parents/spouse/legal guardian, is true to the best of my knowledge and belief. I have submitted this information knowing that, if I wilfully stated in it anything which I know to be false or which I do not believe to be true, I may be declared ineligible for this scholarship.
 - I further declare that I am not able to pursue postgraduate studies at UCT or in my home country without receiving significant financial assistance.

- Furthermore I understand that the information contained in this application form and on the supporting documents may be reported to The MasterCard Foundation and its partners to be used for evaluation and quality control purposes. I thereby authorise the release of such information as listed and enclosed in the supporting documentation.
- I agree to observe all the rules and regulations of The MasterCard Foundation Scholars Program, and of the University of Cape Town.
- I understand that failure to do so will result in disciplinary action and may result in the cancellation and withdrawal of the scholarship.

BY SIGNING THIS APPLICATION, I CERTIFY THAT ALL OF THE INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE. FURTHER, I UNDERSTAND THAT THIS INFORMATION AND MY UNIVERSITY RECORDS MAY BE REPORTED TO THE MASTERCARD FOUNDATION SCHOLARS PROGRAM AND USED FOR EVALUATION AND OTHER PROGRAM PURPOSES. I UNDERSTAND THAT THE FOUNDATION OR ITS DESIGNEE MAY CONTACT ME IN THE FUTURE TO LEARN ABOUT MY EXPERIENCES. ALL INFORMATION WILL BE KEPT IN STRICT CONFIDENCE AND WILL NOT BE RELEASED IN ANY WAY THAT WOULD PERMIT INDIVIDUAL IDENTIFICATION. I AUTHORIZE RELEASE AND USE OF THIS INFORMATION, AS DESCRIBED ABOVE, TO THE MASTERCARD FOUNDATION SCHOLARS PROGRAM.

I further undertake to inform the Interim Coordinator of The MasterCard Foundation Scholars Program at UCT of any change in my circumstances. I acknowledge that should I fail to do so and continue to receive financial assistance which I would not be entitled to by reason of my changed circumstances; the University may have recourse against me in any of the ways set out above.

Date:
(ddmmyyyy)

Signature of Applicant

(Signature of Witness)

(Initials and last name of witness)

Date:
(ddmmyyyy)