

Bursary Application Form

1. INSTRUCTION

1. Please read carefully before completing, signing or submitting this form.
2. Ensure that this form is completed in full.
3. Complete in BLOCK LETTERS.
4. Application forms with incomplete/incorrect information will be disqualified.
5. No faxed application forms will be accepted.
6. Applications received after the closing date will not be considered.

2. ENSURE THAT YOU MEET THE FOLLOWING CRITERIA:

1. Namibian citizenship.
2. Registration at recognized tertiary institution within SADC.
3. Must be 2nd or 3rd year student.
4. Above 70% average academic performance during the 2017 academic year.

3. ATTACH ALL OF THE FOLLOWING DOCUMENTS REQUIRED:

1. Letter of motivation for your application.
2. Grade 12 and latest tertiary results.
3. Certified copy of a valid Namibian identity document.
4. Curriculum Vitae.
5. Character reference from professor, senior lecturer/someone with credibility that can testify to your character.
6. Post or hand delivered completed forms to:

Posted to:

Human Resource Development Administrator
Mobile Telecommunications Limited
P. O. Box 23051
WINDHOEK, Namibia

For the attention: Ms. Loide Martin
Tel +264 61 2802143
e-mail: lmartin@mtc.com.na

Hand delivered to:

Human Resource Development Administrator
Mobile Telecommunications Limited
Cnr. Mosé Tjitendero & Wanehepo Ndadi Street
Olympia
WINDHOEK, Namibia
For the attention: Ms. Loide Martin
Tel +264 61 2802143
e-mail: lmartin@mtc.com.na

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PERSONAL INFORMATION

Title:	Mr.	Mrs.	Miss	Surname:					
First Name in Full:									
Preferred Name:									
Date of Birth (dd/mm/yy):					Identity No:				
Nationality:					Gender:		Male:		Female:
Home Language:									
Residential Address:									
Postal Address:									
Telephone Home:					Cell No:				
Email Address:									

Details of Parents/ Legal Guardian (if applicant are minor)

Full Names of Parents/ Guardians									
Residential Address:									
Postal Address:									
Father									
Employer:									
Occupation:									
Telephone Number:					Cell No:				
Mother									
Employer:									
Occupation:									
Telephone Number:					Cell No:				

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TERTIARY EDUCATION

Are you currently registered?	Yes	No	Registration in:	2nd	3rd	4th
Name of Institution:				Academic year of studies:		
Student Number:				Year Commenced:		
Institution:						
Field of Studies (Please select one):	Accounting					
	Information Technology					
	Marketing					
	Other (Specify):					
Other Qualifications:						Year Obtained:
Experiential training completed:	Yes	No	Details:			

Latest Examination Results: (Please attach results)

2nd Year of Study	Year:	% Obtained:	
Subjects		June	December

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3rd Year of Study	Year:	% Obtained:	
Subjects		June	December

ADDITIONAL INFORMATION

Do you currently have a bursary/study loan/grant?	Yes:	No:
If yes, please Name Institution:		
Obligation/Conditions:		

DECLARATION

I, _____ in my capacity as applicant/parent/Legal Guardian,
 Declare that the above particulars are complete and correct.

 Signature of Applicant

 Date

 Signature of Parent/Legal Guardian

 Date

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