



THE MASTERCARD FOUNDATION
SCHOLARS PROGRAM AT THE
UNIVERSITY OF CAPE TOWN (UCT)

UNDERGRADUATE
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 in 2021. You must do so BEFORE submitting this application to The Mastercard Foundation Scholars Program at UCT.

CLOSING DATE: 30 SEPTEMBER 2020

PLEASE NOTE: THIS APPLICATION IS FOR FIRST TIME ENTERING UNDERGRADUATE STUDENTS ONLY

The University of Cape Town invites applications for award of a *limited number of scholarships* from African students, from economically disadvantaged backgrounds, with leadership potential, who intend to commence with their first year of registration for full-time undergraduate study. Applicants intending to register for the undergraduate degrees in any discipline are invited to apply. The Scholarships will be granted on the basis of **academic ability, financial need and leadership potential**. Payment of this award will be processed after the applicant has been accepted for study by the relevant academic department and has registered for full-time study for which funding was applied at the University of Cape Town.

APPLICATION PROCEDURE AND CONDITIONS

- Please read the accompanying Terms of Reference and Conditions of Award, the Guidelines for Undergraduate Applicants document and the Academic Referee Form before completing this application form.
- Applications have to be submitted – along with all required supporting documentation (these must be presented in the English language) no later than 30 September 2020. **See part 2, step 4** of the Guidelines for Undergraduate Applicants document. Applications will be accepted up to and including 11:59pm (SAST) on 30 September 2020.
- The awards made available via this Application Form are restricted to economically disadvantaged African citizens who are able to demonstrate academic talent and leadership potential.
- Only candidates who have applied to the University of Cape Town for academic admission and study are eligible to apply for The Mastercard Foundation Scholars Program at UCT
- Candidates who intend to register for a second undergraduate degree are ineligible to apply for this scholarship.
- A strong expectation of the Program, is that successful candidates who are awarded the Scholarship return to their home countries to invest their gained skills and education in their country's social and economic growth.

SECTION A	PERSONAL DETAILS OF STUDENT	Title (Tick)	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Ms <input type="checkbox"/>	Other (please specify)
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Family Surname (as per SA I.D. document, Passport or Refugee Papers)		First Name(s) (as per SA I.D. document, Passport or Refugee Papers)	
Maiden Name prior to Marriage (if applicable)		Preferred First Name	

Marital Status: Never Married Married Separated Divorced/Widowed	Identity or Passport Number
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Please attach a certified copy of your South African Identity Document, Passport or Refugee Papers

Date of Birth				GENDER (TICK)			T <input type="checkbox"/>	M <input type="checkbox"/>	F <input type="checkbox"/>
dd		mm		yyyy		TRANSGENDER	MALE	FEMALE	
Country of Birth				Country of Citizenship					
Country of Permanent Residency				Residency Status in South Africa (optional)					

Home Address (Physical) (i.e. where you reside when not at work or school)	Term Address (i.e. where you reside when at work or school if different from home address)
Postal Code	Postal Code



Telephone Dialling Code:	Telephone Number:	Cell / Mobile Number:
Preferred Email Address :		Alternate Email Address:
1		2

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

DESCRIPTION OF DOCUMENTS, where applicable	ATTACHED – TICK AND INITIAL	
Certified copy of Identity Document, Passport or Refugee papers	<input type="checkbox"/>	
Official documents providing verification of physical and postal addresses – e.g. telephone or electricity account	<input type="checkbox"/>	
Applicant’s Curriculum Vitae (CV) of no more than two(2) A4 pages using the following points as context: <ul style="list-style-type: none"> Participation in Extra-Curricular Activities Skills and Interests Academic and/or Professional Experience 	<input type="checkbox"/>	

SECTION B

AFFIDAVIT CONTAINING FINANCIAL DETAILS

**IMPORTANT NOTICE
YOU ARE REQUIRED TO READ THIS CAREFULLY**

- The main criterion pertaining to The Mastercard Foundation Scholars Program is academic ability, *financial need and leadership potential*. This section is in the form of an AFFIDAVIT which needs to be completed in full by the applicant, and witnessed by a COMMISSIONER OF OATHS and by one further witness. These two witnesses may not be members of your immediate family.
- You are required to give clear and true responses to the questions below. These answers must be given by you under oath and witnessed by the two witnesses identified above. All answers must be initialled by the applicant, as well as by the two witnesses. The Commissioner of Oaths’ signature must be accompanied by his/her official stamp.
- The University of Cape Town considers this AFFIDAVIT to be a legally binding document and reserves the right to request you to furnish evidence of your answers/statements on this AFFIDAVIT. If it is found that you have provided information that is false or untrue, the University of Cape Town further reserves the right to disqualify your application and/or to cancel and recover any scholarship funds that may have been paid out to you.**

AFFIDAVIT

I, (ID/Passport No.), the undersigned, do hereby declare that I have responded to the questions/statements below in a clear and true manner, as follows:

No. 1 INCOME

<p>1.1 I, (Applicant’s name – PRINT)</p> <p>I am employed. Tick the relevant box YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>1.1.1 If YES, state annual income (in the currency of place of employment)</p> <p>1.1.2 If YES to 1.1 above, please state the currency</p> <p>1.2 Tick the relevant box(es) I live ALONE <input type="checkbox"/></p> <p>1.3 Tick the relevant box(es) I live with my - SPOUSE <input type="checkbox"/> FATHER <input type="checkbox"/> MOTHER <input type="checkbox"/> BROTHER(S) <input type="checkbox"/> SISTER(S) <input type="checkbox"/> EXTENDED FAMILY MEMBERS <input type="checkbox"/> GUARDIAN <input type="checkbox"/></p> <p>1.3.1 If any of the boxes in 1.3 have been ticked, state annual income for each person: (in the currency of place of employment) SPOUSE FATHER MOTHER BROTHER(S) SISTER(S)</p> <p>EXTENDED FAMILY MEMBERS GUARDIAN</p> <p>1.3.2 If any of the boxes in 1.3 have been ticked, please state the currency for each person: SPOUSE FATHER MOTHER BROTHER(S) SISTER(S)</p> <p>EXTENDED FAMILY MEMBERS GUARDIAN</p> <p>1.4 Please indicate who the head(s) of the household is(are) Tick the relevant box(es) APPLICANT <input type="checkbox"/> SPOUSE <input type="checkbox"/> FATHER <input type="checkbox"/> MOTHER <input type="checkbox"/> BROTHER(S) <input type="checkbox"/> SISTER(S) <input type="checkbox"/> EXTENDED FAMILY MEMBER(S) <input type="checkbox"/> GUARDIAN <input type="checkbox"/></p> <p>1.4.1 Please indicate the occupational status of the head of the household 1</p>	<p>Confirmation of response to No. 1</p> <p>Applicant’s initials</p> <p>Commissioner of Oath’s initials</p> <p>2nd Witness’s initials</p>
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Tick the relevant box(es) Employee – Full Time Employment Employee – Part Time Employment
Self-Employed – With Employees Self-Employed – Without Employees
Retired – With Pension Retired – Without Pension
Not Employed

1.4.2 Where applicable, please indicate the occupational status of the head of the household 2

Tick the relevant box(es) Employee – Full Time Employment Employee – Part Time Employment
Self-Employed – With Employees Self-Employed – Without Employees
Retired – With Pension Retired – Without Pension
Not Employed

1.5 I (Applicant) receive a State/Government Grant Tick the relevant box YES NO

1.5.1 If YES to 1.5 above, state amount per month

1.5.2 If YES to 1.5 above, please state the currency

1.6 Tick the relevant box(es) My SPOUSE FATHER MOTHER BROTHER(S)
SISTER(S) EXTENDED FAMILY MEMBERS GUARDIAN receive a State/Government Grant

1.6.1 If any of the boxes in 1.6 have been ticked, state amount per month for each person:

SPOUSE FATHER MOTHER
BROTHER(S) SISTER(S)

EXTENDED FAMILY MEMBERS GUARDIAN

1.6.2 If any of the boxes in 1.6 have been ticked, please state the currency for each person:

SPOUSE FATHER MOTHER
BROTHER(S) SISTER(S)

EXTENDED FAMILY MEMBERS GUARDIAN

No. 2 PROPERTY

2.1 Do you own residential property? Tick the relevant box YES NO

2.1.1 If you own the Property, is it in an Urban area? Tick the relevant box YES NO

2.1.2 If you own the property, is it in a Peri-Urban area? Tick the relevant box YES NO

2.1.3 If you own the property, is it in a Rural area? Tick the relevant box YES NO

2.1.4 If property is owned, state value of such property

.....

2.1.5 Please state the currency of the property value

2.1.6 If property is owned, state outstanding debt on such property (if any)

.....

2.1.7 Please state the currency of outstanding debt on property (if any)

2.2 If you do not own the property on which you live, state the following:

My Tick the relevant box(es) SPOUSE FATHER MOTHER BROTHER(S)
SISTER(S) EXTENDED FAMILY MEMBERS GUARDIAN OTHER own(s) the property on which I live.

If "Other" please specify the relationship you have with the property owner

2.2.1 If any of the above own the property, is it in an Urban? Tick the relevant box YES NO

2.2.2 If any of the above own the property, is it in a Peri-urban? Tick the relevant box YES NO

2.2.3 If any of the above own the property, is it Rural? Tick the relevant box YES NO

2.2.4 State value of such property

2.2.5 State the outstanding debt on such property (if any)

2.2.6 Please state the currency of outstanding debt on property (if any)

2.2.7 If NO to 2.1, do you or a family member rent the property on which you live?
Tick the relevant box YES NO

2.2.8 If YES to 2.2.5 above, state monthly rental paid for property

2.2.9 Please state the currency of the monthly rental (if any)

Confirmation of response to No. 2

Applicant's initials

.....
....

Commissioner of Oath's initials

.....
....

2nd Witness's initials

.....
....

No. 3 QUALIFICATIONS OF FAMILY

3.1 Do any of the following hold ANY qualifications: Tick the relevant box YES NO
SPOUSE FATHER MOTHER GUARDIAN SIBLING/S

3.2 If YES to No. 3.1 above, name the qualification and the institution from which the qualification was attained in the space provided below:

For SPOUSE (i) Secondary School (Matric/O levels, etc.) Tick the relevant box YES NO
STATE EXACT QUALIFICATION

(ii) Tertiary Qualification (Post-school certificate/Diploma/Degree, etc.) YES NO
STATE EXACT QUALIFICATION



For FATHER (i) Secondary School (Matric/O levels, etc.) Tick the relevant box YES NO
STATE EXACT QUALIFICATION

(ii) Tertiary Qualification (Post-school certificate/Diploma/Degree, etc.) YES NO
STATE EXACT QUALIFICATION

For MOTHER (i) Secondary School (Matric/O levels, etc.) Tick the relevant box YES NO
STATE EXACT QUALIFICATION

(ii) Tertiary Qualification (Post-school certificate/Diploma/Degree, etc.) YES NO
STATE EXACT QUALIFICATION

For GUARDIAN (i) Secondary School (Matric/O levels, etc.) Tick the relevant box YES NO
STATE EXACT QUALIFICATION

(ii) Tertiary Qualification (Post-school certificate/Diploma/Degree, etc.) YES NO
STATE EXACT QUALIFICATION

For SIBLING/S (i) Secondary School (Matric/O levels, etc.) Tick the relevant box YES NO
STATE EXACT QUALIFICATION

(ii) Tertiary Qualification (Post-school certificate/Diploma/Degree, etc.) YES NO
STATE EXACT QUALIFICATION

Confirmation of response to No. 3

Applicant's initials
.....

Commissioner of Oath's initials
.....

2nd Witness's initials
.....

No. 4 INSURANCES

4.1 Do you have medical aid/insurance? Tick the relevant box YES NO
4.1.1 If you answered YES to 4.1 above, please name the Medical Aid/Insurance which you hold

4.1.2 If you answered NO to 4.1 above, do you receive free state/government medical care?
 Tick the relevant box YES NO

Confirmation of response to No. 4

Applicant's initials
.....

Commissioner of Oath's initials
.....

2nd Witness's initials
.....

No. 5 Confirmation of Income and Expenditure for all living in the HOUSEHOLD for the past 12 months from making the application year.
Insert the relevant AMOUNT alongside the text in both columns below.

INCOME	VALUE	EXPENDITURE	VALUE
Salary - 1		Rent/Mortgage	
Salary - 2		Property Rates	
Salary - 3		Utilities (electricity, gas, wood etc.)	
Government Grant - 1		Food and Household Necessities	
Government Grant - 2		Clothing	
Child Maintenance Received		Medical Expenses	
Other		Insurance (home, life, etc.)	
Other		Transport	
Other		Motor Vehicle(s)	
Other		Taxes	
Other		Entertainment/Travel	
Other		Child Maintenance Payment(s)	
Other		Other	

Confirmation of response to No. 5

Applicant's initials
.....

Commissioner of Oath's initials
.....

2nd Witness's initials
.....

No. 6 Other

6.1 Do you have a passport? Tick the relevant box YES NO
6.1.1 If you answered YES to 6.1 above, please describe when, where, and why you have used it

6.2 What form of transportation do you use to get to school?

6.3 Where and how do you access the internet?

Confirmation of response to No. 6

Applicant's initials
.....

Commissioner of Oath's initials
.....

2nd Witness's initials
.....

(please tick)



Shortlisted applicants will be notified and will be required to submit documentary evidence of the information provided within the affidavit.

Applicant's name (PRINT) _____

Applicant's Signature _____ Date _____

Witness 1's name (PRINT) _____

Witness 1's Signature _____ Date _____

This witness must be a Commissioner of Oaths and his/her official stamp must be applied in this space.

Witness 2's name (PRINT) _____

Witness 2's Signature _____ Date _____

SECTION C

EDUCATIONAL BACKGROUND INFORMATION

SECONDARY EDUCATION INFORMATION

Please include the details of the SECONDARY school which you have graduated from.

School Name

Highest level of prior schooling achieved *

Was the school attended a private or public school?

Telephone Dialling Code:

Telephone Number:

Alternate Number:

School Email Address(es):

1

2

TERTIARY EDUCATION INFORMATION

Intended degree for which you will register at UCT 2021

Academic Department/Faculty

Provide details of two(2) academic referees who are providing academic referee reports on your behalf. Your referees MUST BE ACADEMICS who have taught or supervised you at secondary/high school. **Your application will not be considered without two (2) academic referee reports.** It is your responsibility to ensure that the required references are completed on the attached Form and sent to The Mastercard Foundation Scholars Program at UCT (see Application Guidelines for Undergraduate Applicants). You are required to follow up and source the required academic referee reports.

Name and Email address of Academic Referee No. 1

Name and Email address of Academic Referee No. 2

CHECKLIST FOR SUPPORTING DOCUMENTATION FOR SECTION C - 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 all Secondary transcripts (see Section C *)	<input type="checkbox"/>	



Certified copies of current and previous Tertiary transcripts	<input type="checkbox"/>	
Academic Referee Report 1	<input type="checkbox"/>	
Academic Referee Report 2	<input type="checkbox"/>	

SECTION D LEADERSHIP INFORMATION

Leadership positions held previously	Description	Contact person (if available)

Community service/ voluntary work previously done	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 E – ESSAY

DESCRIPTION OF DOCUMENTS, where applicable	ATTACHED – TICK AND INITIAL	
<p>You are required to submit an essay of <i>no more than 2000 words</i>, using the following points as context:</p> <ul style="list-style-type: none"> In which ways do you envisage contributing to the economic growth and social development of your country and Africa on completion of your studies, using your education as leverage? Explain any community service activities you have been involved in. List the qualities that, for you, define leadership and elaborate on leadership initiatives that you have undertaken. 	<input type="checkbox"/>	

SECTION F DECLARATIONS AND SIGNATURES

Declaration 1 Have you ever been declared mentally unfit by a court of law? (tick) Yes No
If yes, please attach the relevant documentation.

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 FOR APPLICATIONS WHO ARE UNDER 21 YEARS OF AGE BY BIOLOGICAL PARENT/SPOUSE/COURT - APPOINTED LEGAL GUARDIAN (specify)

To be completed by parent /spouse or legal guardian.

I, _____	_____	declare that the information recorded by my
(Parent/Spouse/Guardian to print full name)		

son/daughter/spouse in this document is true to the best of my knowledge and belief.

	Signature of Parent/Guardian/Spouse	Name (Print) and Signature of Witness
Date: (ddmmyyy)		



Declaration 3 THE APPLICANT IS REQUIRED TO PRINT THEIR FULL NAME BELOW, TO INITIAL EACH BULLET POINT BELOW AND TO SIGN IN THE SPACE PROVIDED.

DECLARATION BY APPLICANT: (Print full name)			
			INITIAL
<ul style="list-style-type: none"> 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 at UCT does not guarantee that I will be awarded a Mastercard Foundation scholarship. 			
I hereby declare that, should I be successful in my application for The Mastercard Foundation Scholars Program:			
<ul style="list-style-type: none"> I will be required to furnish my original academic transcripts on registration at UCT. 			
<ul style="list-style-type: none"> I guarantee that the information stated in this application, including the information about my parents/spouse/legal guardian/brother(s)/sister(s)/extended family, 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. 			
<ul style="list-style-type: none"> I am not able to pursue undergraduate studies at UCT or in my home country without receiving significant financial assistance. 			
<ul style="list-style-type: none"> I agree that the Program may conduct with me a telephonic or Skype call should more information be required from me in relation to this application. 			
<ul style="list-style-type: none"> I understand that the information contained in this application form and any supporting documents may be communicated to The Mastercard Foundation and its partners. I thereby authorise the release of such information. 			
<ul style="list-style-type: none"> I agree to observe all the rules and regulations of The Mastercard Foundation Scholars Program, and of the University of Cape Town. 			
<ul style="list-style-type: none"> I understand that failure to do so will result in disciplinary action and may result in the cancellation and withdrawal of the scholarship. 			
<ul style="list-style-type: none"> I agree to uphold good conduct as a scholar and with Program staff and will not bring the Program into disrepute by my words, actions or omissions. 			
<ul style="list-style-type: none"> I further undertake to inform the Program Manager 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. 			
Signature of Applicant:		Date: (ddmmyyyy)	
Signature of Witness:		Date: (ddmmyyyy)	

Name of witness (Print) _____