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, 3rd or final year student.
- 4. Above 70% average academic performance during the 2023 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 creditability 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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Bursary Application Form

PERSONAL INFORMATION									
Title:	Mr.	Mrs.	Miss	Surname:					
First Name in Fu	II:								
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:									
		С	etails o	f Parents/ Legal Gua	rdian (if applica	nt are min	or)		
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 i	n:	2 nd	3rd	4 th	
Name of Institution:							Academic year of studies:			
Student Number:							Year Commenced:			
Institution:										
Field of Studies (Please select one):		lor of A								
		lor of La								
					oply Chain Mana	gement				
	Bache	lor of Da	ata Scie	nce						
Other Qualifications:								Year Obtained:		
Experiential training comp	leted:	Yes	No	Deta	ils:					
		Lates	st Exam	ination	Results: (Please	attach i	results)			
1 st , 2 nd Year of Study		Year:	% Ob	tained:						
Subjects						June		ber		

3 rd Year of Study		Year:	% Obtained:				
Subjects			June	December			
	ADI	DITIONAL IN	FORMATION				
Do you currently have a bursary/s	tudy loan/grant?	Yes:		No:			
If yes, please Name Institution:							
Obligation/Conditions:							
		DECLARAT	ION				
1		in	my canacity as annlica	nt/parent/Legal Guardian,-			
Declare that the above particul			, capacity as applica	my parenty Legal Guardian,			
Signature of Appli	cant		 Date				
Signature of Parent/Lega	 Guardian		Date				