

ENTREPRENEURSHIP
LAUNCH YOUR LEGACY
BEGINS HERE



**2024 UNIVERSITY
FELLOWSHIP PROGRAMME
OPEN TO GR.12 LEARNERS
APPLY BEFORE 30 APRIL
2024, 17:00 SAST**

**GRADE 12
APPLICATION
FORM**



ENTREPRENEURSHIP BEGINS HERE

FELLOWSHIP APPLICATION FORM 2024

Grade 12 Application Form

PREREQUISITES

- Current Grade 12 learners in the year of application
- Indication of entrepreneurial flair and passion
- South African citizenship
- Demonstrable belief in the future of our country
- Intention to study towards a Commerce, Science (excluding Medicine, Veterinary Science and Dentistry), Engineering, Law, Humanities or Arts degree at the University of the Witwatersrand, University of Johannesburg, University of Cape Town, Nelson Mandela University, Rhodes University, University of the Western Cape, Stellenbosch University, University of Pretoria, University of the Free State, University of KwaZulu-Natal or TSiBA Business School
- Candidates must not be older than 21 years of age in the current year

ACADEMIC REQUIREMENTS

- Minimum of 60% in Pure Mathematics OR a minimum of 80% in Mathematical Literacy for final grade 11 results
- Minimum average of 70% for final Grade 11 results (excluding Life Orientation)

IMPORTANT INFO

APPLICATION DATES

Opening date:

THURS, 1 FEBRUARY 2024

Closing date:

**TUES, 30 APRIL 2024,
17h00 SAST**

HAND DELIVER TO

46 Hof Street, Oranjezicht
Cape Town

OR

1st Floor, Cliffe Dekker Hofmeyr,
1 Protea Place, Cnr of Fredman
Drive and Protea Place,
Sandton, Johannesburg

POST TO

Allan Gray Orbis Foundation,
Freepost no: CB 11349
Kloof Street, 8008

(Please try your best to use the online application or hand delivery option to avoid any delays by post. The Foundation will not accept any late application forms.)

Important Note to Applicants:

- The Allan Gray Orbis Foundation seeks to promote progress through entrepreneurship in an integrated Southern Africa. The Foundation aims to achieve this mission by identifying, educating and equipping demographically diverse individuals who have the potential to excel and make a significant future impact as high-impact, responsible entrepreneurs.
- All information requested by the Allan Gray Orbis Foundation **will be kept confidential**. The Foundation will not disseminate any personal information unless specifically authorised on page 15 of this application.
- Allan Gray Orbis Foundation would not solicit funds from candidates.
- Submission of this application form to the Allan Gray Orbis Foundation does **NOT** automatically guarantee that you (the applicant) will be awarded the Allan Gray Fellowship.
- Faxed and/or emailed copies of the application form will NOT be accepted. Please ensure that you submit the application form in good time in order to meet the application deadline. **Application forms received after Tuesday, 30 April 2024, 17h00 SAST will NOT be considered.**
- **Please retain a copy** of your completed application form and other relevant documents for your own records. Only applications received in ENGLISH will be accepted.
- **Allan Gray Orbis Foundation contact details:**
Tel: 086 123 9235 • Email: fellowship@allangrayorbis.org • Web: www.allangrayorbis.org
Please direct all queries to the contact details provided above. Queries posted on social media platforms e.g. Facebook or Twitter will not receive a response.
- Candidates must not be older than 21 years of age in the current year.
- Applicants with a combined **annual** household income of **R1 million (R1 000 000.00)** and below will receive full funding. Applicants with a combined **annual** household income of above **R1 million (R1 000 000.00)** will receive needs-based funding. *Potential funding will be communicated to successful candidates after camp stage.*

2024 Selection Process

Step 1	Submit completed application form by	30 April 2024, 17h00 SAST
Step 2	Shortlisted candidates will be invited to a interview	July 2024
Step 3	Shortlisted candidates will be invited to a Selection Camp	September 2024

Please note that applicants will be contacted after each step of the selection process to notify them of their application status.

Application Checklist

You will need to make sure that all requirements are carefully met and the correct information is provided so that your application can be processed.

- Certified copy of your ID
- Certified copy of your final Grade 11 report (most recent)
- Minimum of 60% in Pure Mathematics OR a minimum of 80% in Mathematical Literacy for final grade 11 results
- Minimum average of 70% for Grade 11 results (excluding Life Orientation)
- I am under 21 years of age in the current year
- Parent(s) / Legal guardian(s) signature (page 15) should applicant be under the age of 18**
- Applicant's signature (page 15)
- This application must be completed in ENGLISH

For Official Use:

Application Reference Number:

AGC _____

AGS _____

Eligible Ineligible

APPLICATION FORM

(Please circle the appropriate option where applicable under each section.)

1. APPLICANT (Factual information about yourself.)

Title: Mr / Miss / Ms / Mx	First name(s):
Preferred Pronoun: He / Him, She / Her, They / Them	Middle name(s):
Surname:	Gender: Male / Female / Non-binary
Date of birth: <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	Race: Black / White / Coloured / Indian / Asian / Mixed race
Country of citizenship:	Do you have any learning barriers or disabilities, whether physical or other? (If yes, please specify)
ID / Passport no:	<input type="text" value="Y"/> <input type="text" value="N"/>
Home address	Postal address
Street name & no:	P.O Box:
Suburb / Township / Village:	Suburb / Township / Village:
City:	City:
Province:	Province:
Country:	Country:
Postal code: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Postal code: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Home phone: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Cell: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Email address:	Home language:
Second language:	Other languages:
Preferred method of contact: Post / Email / Home phone / Cell	

2. EMERGENCY CONTACT DETAILS (If we need to contact you urgently.)

Title: Mr / Mrs / Ms / Mx / Dr	First name(s):
1 st contact number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Surname:
2 nd contact number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Relationship to applicant: (e.g. Mother, Father, Aunt)

3.1. PARENT OR GUARDIAN DETAILS (1) (Please ensure that you have accurately completed all the details of all your guardians and understand that by signing and submitting, you are confirming that these details are accurate and correct. Please ensure that information of both parents or legal guardian is included. If not, please provide an affidavit for the reason for the omission.)

Title: Mr / Mrs / Ms / Mx / Dr	First name(s):
Surname:	Date of birth: <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
Country of citizenship:	Parent / Guardian
Relationship to applicant: (e.g. Mother, Father, Aunt)	Marital status: Single / Married / Divorced / Widowed
ID / Passport no: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Occupation:
Home address	Email address:
Street name & no:	Home phone: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Suburb / Township / Village:	Work phone: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
City:	Cell: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Province:	Fax: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Country:	Preferred method of contact:
Postal code: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Post / Email / Home phone / Work phone / Cell

3.2. PARENT OR GUARDIAN DETAILS (2)

(Information about your parent or legal guardian. Please remember to complete details of the second parent or legal guardian.)

Title: Mr / Mrs / Ms / Mx / Dr	First name(s):															
Surname:	Date of birth: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>															
Country of citizenship:	Parent / Guardian															
Relationship to applicant: <small>(e.g. Mother, Father, Aunt)</small>	Marital status: Single / Married / Divorced / Widowed															
ID / Passport no: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Occupation:															
Home address	Email address:															
Street name & no:	Home phone: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>															
Suburb / Township / Village:	Work phone: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>															
City:	Cell: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>															
Province:	Fax: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>															
Country:	Preferred method of contact:															
Postal code: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Post / Email / Home phone / Work phone / Cell															
Combined monthly household income of parent(s) and / or guardian(s) before deductions: (Please tick the relevant box) <table style="width:100%; margin-top: 5px;"> <tr> <td><input type="checkbox"/> R0-R4 799</td> <td><input type="checkbox"/> R4 800-R9 599</td> <td><input type="checkbox"/> R9 600-R 19 199</td> <td><input type="checkbox"/> R19 200-R 38 399</td> <td><input type="checkbox"/> R38 400 - R59 999</td> </tr> <tr> <td><input type="checkbox"/> R60 000 - R79 999</td> <td><input type="checkbox"/> R80 000 - R99 999</td> <td><input type="checkbox"/> R100 000 - R119 999</td> <td><input type="checkbox"/> R120 000 - R139 999</td> <td><input type="checkbox"/> R140 000 - R159 999</td> </tr> <tr> <td><input type="checkbox"/> R160 000 - R179 999</td> <td><input type="checkbox"/> R180 000 - R199 999</td> <td><input type="checkbox"/> > R200 000</td> <td colspan="2" style="text-align: right;">(Refer to the funding model on page 15)</td> </tr> </table>		<input type="checkbox"/> R0-R4 799	<input type="checkbox"/> R4 800-R9 599	<input type="checkbox"/> R9 600-R 19 199	<input type="checkbox"/> R19 200-R 38 399	<input type="checkbox"/> R38 400 - R59 999	<input type="checkbox"/> R60 000 - R79 999	<input type="checkbox"/> R80 000 - R99 999	<input type="checkbox"/> R100 000 - R119 999	<input type="checkbox"/> R120 000 - R139 999	<input type="checkbox"/> R140 000 - R159 999	<input type="checkbox"/> R160 000 - R179 999	<input type="checkbox"/> R180 000 - R199 999	<input type="checkbox"/> > R200 000	(Refer to the funding model on page 15)	
<input type="checkbox"/> R0-R4 799	<input type="checkbox"/> R4 800-R9 599	<input type="checkbox"/> R9 600-R 19 199	<input type="checkbox"/> R19 200-R 38 399	<input type="checkbox"/> R38 400 - R59 999												
<input type="checkbox"/> R60 000 - R79 999	<input type="checkbox"/> R80 000 - R99 999	<input type="checkbox"/> R100 000 - R119 999	<input type="checkbox"/> R120 000 - R139 999	<input type="checkbox"/> R140 000 - R159 999												
<input type="checkbox"/> R160 000 - R179 999	<input type="checkbox"/> R180 000 - R199 999	<input type="checkbox"/> > R200 000	(Refer to the funding model on page 15)													
Number of people dependent on household income and living in the home (e.g., parents/guardians, applicant, child dependents, adult dependent, etc.): (Please tick the relevant box) <table style="display: inline-table; border: none; margin-left: 10px;"> <tr> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 2</td> <td><input type="checkbox"/> 3</td> <td><input type="checkbox"/> 4</td> <td><input type="checkbox"/> 5</td> <td><input type="checkbox"/> 6</td> <td><input type="checkbox"/> 7</td> <td><input type="checkbox"/> 8</td> <td><input type="checkbox"/> 9</td> <td><input type="checkbox"/> 10</td> </tr> </table>		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10					
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10							

4. ACADEMIC HISTORY (Please ensure that a certified copy of your school results is included with your application)

School name:	Suburb / Township / Village:						
Street name:	City:						
Province:	Postal code: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>						
Type of School							
<table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> Quintile 1</td> <td><input type="checkbox"/> Quintile 3</td> <td><input type="checkbox"/> Quintile 5</td> </tr> <tr> <td><input type="checkbox"/> Quintile 2</td> <td><input type="checkbox"/> Quintile 4</td> <td><input type="checkbox"/> Private</td> </tr> </table>		<input type="checkbox"/> Quintile 1	<input type="checkbox"/> Quintile 3	<input type="checkbox"/> Quintile 5	<input type="checkbox"/> Quintile 2	<input type="checkbox"/> Quintile 4	<input type="checkbox"/> Private
<input type="checkbox"/> Quintile 1	<input type="checkbox"/> Quintile 3	<input type="checkbox"/> Quintile 5					
<input type="checkbox"/> Quintile 2	<input type="checkbox"/> Quintile 4	<input type="checkbox"/> Private					
School address (Where is your school located?) <table style="display: inline-table; border: none; margin-left: 10px;"> <tr> <td><input type="checkbox"/> Suburb</td> <td><input type="checkbox"/> Township</td> <td><input type="checkbox"/> Village</td> <td><input type="checkbox"/> Rural Area</td> </tr> </table>		<input type="checkbox"/> Suburb	<input type="checkbox"/> Township	<input type="checkbox"/> Village	<input type="checkbox"/> Rural Area		
<input type="checkbox"/> Suburb	<input type="checkbox"/> Township	<input type="checkbox"/> Village	<input type="checkbox"/> Rural Area				
Telephone number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Grade 12 Completion year: <input type="text"/> <input type="text"/> <input type="text"/>						

Grade 11 results: (Please complete the table)		
	Subject	Percentage (%)
GRADE 11		

List all academic achievement awards and/or recognition (please indicate the level of achievement e.g. School, Community, Town, Regional, Provincial, National, International):

5. INTENDED UNIVERSITY STUDIES IN 2025 (in order of preference)

Faculty*	Name of degree	University**

- * Faculty choice –Intention to study towards a Commerce, Science (excluding Medicine, Veterinary Science and Dentistry), Engineering, Law or Humanities degree.
- ** University choice – The Foundation currently offers the Fellowship opportunity at WITS, UCT, NMU, Rhodes, UWC, SU, UP, UFS, UJ, UKZN and TSiBA Business School. You may choose the same university more than once. (Please note: Applicants need to be based at the university of study – no correspondence applicants will be accepted.)

6. EXTRA-MURAL ACTIVITIES (Please list any achievements or awards at high school or community.)

Leadership: Please indicate current or previous leadership roles.

Institution	Position	Duration of involvement	Level	Reference
[e.g. High School]	[e.g. Member of RCL]	[e.g. Jan 2020 – June 2021]	[e.g. School, Community, Town, Regional, Provincial, National, International]	[e.g. Mr A.N. Other]

Community service/involvement: Please indicate any community involvement in which you participate or have participated.

Organisation	Nature of involvement	Duration of involvement	Level	Reference
[e.g. Rotary Club]	[e.g. Secretary]	[e.g. 2 years]	[e.g. School, Community, Town, Regional, Provincial, National, International]	[e.g. Ms S.M. Body]

Sport: Please indicate the sports that you play regularly, and the highest level obtained.

Sport	Level	Provincial/National	Special Achievements	Reference
[e.g. Soccer]	[e.g. School 1 st team]	[e.g. Gauteng province side]	[e.g. Best player of the year]	[e.g. Mrs J. Doe]

7.2 Have you ever started a business or a not-for-profit organisation, at any level? Please provide us with the details of the business or organisation that you have started:

- When was it started?
- Give us an idea of the amount of money that you worked within your venture.
- Is it still operational?
- What would you say is the impact of your business or venture?

7.3 What are your three top strengths and your three development areas? List them and give an example for each. How did these strengths and development areas inform your decision in selecting your chosen field of study?

7.4 Tell us about an initiative, activity or project that you personally started in the last five years, or played a key or significant role in.

- What were your reasons for starting this initiative/activity/project?
- What did you have to do to get the initiative/activity/project off the ground and running successfully?
- List as many reasons as possible as to why this initiative/activity/project would not have been successful without you. How were you personally key to the success of this initiative/activity/project?
- What were the outcomes of this initiative/activity/project?
- Give an example of a problem you encountered and explain how you personally went about solving the problem.
- What alternative solutions did you consider?
- What resources did you use to create your solution? And what resources did you use to implement your solution?

WHERE DID YOU HEAR ABOUT US?

Please tick the box(es) that apply and provide any specific information in the space provided below:

- | | | |
|--|---|------------------------------------|
| <input type="checkbox"/> Allan Gray Orbis Foundation Website | <input type="checkbox"/> Poster / Flyer / Brochure | <input type="checkbox"/> TTP |
| <input type="checkbox"/> Allan Gray Entrepreneurship Challenge | <input type="checkbox"/> Columba Leadership | <input type="checkbox"/> EWETS |
| <input type="checkbox"/> An Allan Gray Fellow | <input type="checkbox"/> School Teacher / Principal | <input type="checkbox"/> Facebook |
| <input type="checkbox"/> School Visit / Presentation | <input type="checkbox"/> iDestiny | <input type="checkbox"/> Instagram |
| <input type="checkbox"/> Radio | <input type="checkbox"/> Kagiso Trust | <input type="checkbox"/> Twitter |
| <input type="checkbox"/> Smart Foundation | <input type="checkbox"/> SSP | <input type="checkbox"/> LinkedIn |
| <input checked="" type="checkbox"/> Other | | |

If "other", please specify: www.zabursaries.co.za

FINANCIAL SUPPORT

- Successful Candidates with a combined annual household income of **R1 million and below** will receive full funding.
- Successful Candidates with a combined annual household income **above R1 million** will receive needs-based funding.

< R1 Million	< R1.5 Million	≥ R1.5 Million
<ul style="list-style-type: none"> ✓ Tuition Fees ✓ Tutoring Sessions ✓ Counselling Services (ICAS) ✓ University Accommodation and Meals ✓ Book Allowance ✓ General Monthly Allowance 	<ul style="list-style-type: none"> ✓ Tuition Fees ✓ Tutoring Sessions ✓ Counselling Services (ICAS) ✓ University Accommodation and Meals 	<ul style="list-style-type: none"> ✓ Tuition Fees ✓ Tutoring Sessions ✓ Counselling Services (ICAS)

Potential funding will be communicated to successful candidates after camp stage.

STATEMENT OF INTEGRITY

I hereby certify that I have provided accurate information in this application. I authorise all persons or entities to provide any relevant information in their possession to the Allan Gray Orbis Foundation or its agent for use in considering me for admission or verifying my credentials for admission. I expressly waive any required notice to me. I understand and agree that any misrepresentation or omission of facts in my application will justify denial of admission, the cancellation of admission or expulsion. I hereby grant permission to the Allan Gray Orbis Foundation to utilise the information provided in this application for the purposes of the Foundation's activities. This application is my own honest statement to the Admissions Committee.

CONSENT

By signing this application, you are giving the Allan Gray Orbis Foundation, consent to:

- Share your personal information with internal and external assessors for assessment purposes and any other related purposes
- Use your personal information for research statistical, monitoring and evaluation purposes (full confidentiality will be observed)
- Store your personal information on our data management system
- Take pictures and video recordings during the interview and selection camp stages, should you be successful. These pictures and recordings can be used for marketing purposes
- Undergo all assessment that form part of the Allan Gray Orbis Foundation selection process
- Share your details with other bursary providers, should you be unsuccessful for the Fellowship opportunity
- Share the outcome of your application with your school, Department of Education District officials or universities
- Share your personal information with any of the other entities forming part of Allan & Gill Gray Philanthropies for the purposes contained in this consent section and any other related purposes

Allan Gray Orbis Foundation confirms that it has sufficient security measures in place to ensure the integrity and confidentiality of the Personal Information received and where transmitted to member entities of Allan & Gill Gray Philanthropies.

While you may, unless legislation requires the processing, object to the processing of your personal information by Allan Gray Orbis Foundation, such objection may impact the abilities of Allan Gray Orbis Foundation to process and assess your application. You may at any time access the personal information and may further request rectification of the personal information, should this be necessary.

Applicant's signature: _____

Date:

Parent's / Legal guardian's signature (if under 18): _____

Date:



Allan Gray Orbis Foundation undertakes to protect your personal information and to ensure that it is not used for any purpose outside of this application process.