



GOVERNMENT OF THE SWAZI KINGDOM OF SWAZILAND
SCHOLARSHIP APPLICATION FORM

FORM A1
QUALIFICATION

AN APPLICATION MUST:

- a) Posses or expect to acquire before taking an award, the requisite education qualifications;
- b) Be of good health and character
- c) (i) Must be a Swaziland citizen;
(ii)Or minor of a Swaziland citizen;

The information requested below should be printed legibly or typed and these forms return to the Principal Secretary, the ministry of education, P.O. Box 39 MBABANE, not later than 31st December each academic year.

PART 1 **FOR COMPLETION BY THE APPLICANT:**

- 1. Name in full.....
- 2. Present mailing address.....
.....
- 3. Permanent home address.....
.....TEL NO.....
- 4. Age..... Date of birth..... Sex
- 5. Place of birth.....
- 6. Nationality.....
- 7. Are you married?.....
- 8. School presently attending.....

9. If you are not in school:

- a. What is the last one you attended?.....
- b. Between what dates did you attended?.....
- c. What have you been doing since you left?.....

10. (A) What is the highest public examination you have passed

..... **in what year?**

11. Do you plan to sit an examination this year?.....

If so what, where and when?.....
.....

12. What course of study do you wish to follow (give us three (3) choices)

- i)
- ii).....
- iii).....

13. What is your intended future employment?.....

.....

14. Give the names and addresses of two persons to whom you have been known for at least two-five years and can testify about your character and ability.

- | | |
|----------------|----------------|
| 1 | 2 |
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| | |
| | |

15. Below, write a biography of yourself in not more than 150 words.

Signature.....

Date.....

FORM A1

Student's name

School attending.....

PART II SCHOOL RECORD (CONFIDENTIAL)

A. Class teacher's report

Rank in teacher' subject.....

Comments on intellectual qualities

.....

Comments on extra-curricular activities.....

.....

.....

Signature.....

FORM A2

Student's name.....

School attending.....

HEADMASTER'S REPORT

Comments on intellectual qualities.....

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Comments on personal qualities.....

.....

.....

Comments on extra-curricular activities.....

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.....

Signature.....

School stamp.....

PART III

STATEMENT BY APPLICANT’S CHIEF OR INDVUNA

I certify that the parents of
Name of applicant

Are known to me and are citizens of Swaziland residing in the chieftainship under my jurisdiction

Signature.....

Name in full.....

Address.....

.....

.....

Sworn before me.....

Official stamp and signature.....

REGIONAL ADMINISRATOR

ALL APPLICANTS SHOULD FILL IN THIS PAGE

APPLICANTS WHO ARE CITIZENS OF SWAZILAND BY REGISTRATION OR “KUKHONTA” SHOULD ATTACH THEIR CITIZENSHIP CERTIFICATES.

PARTICULARS OF APPLICANT

- I. Surname.....**
- II. Other names.....**
- III. School attending.....**
- IV. Country of origin.....**
- V. Place of birth.....**
- VI. Date of birth.....**
- VII. Nearest river.....**
- VIII. Nearest mountain.....**
- IX. Home district.....**
- X. Nearest post office.....**
- XI. Name of chief.....**
- XII. Name of indvuna.....**
- XIII. Pin number.....**
- XIV. Period of absence from Swaziland.....**
- XV. Name of libutfo (regiment).....**

PARTICULARS OF FATHER OF APPLICANT

- I. Name of father.....**
- II. Date of birth.....**

- III. Place of birth.....
- IV. Name of present chief.....
- V. Name of present indvuna.....
- VI. Pin number.....

PARTICULARS OF MOTHER OF APPLICANT

- I. Maiden surname.....
- II. Other names.....
- III. Date of birth.....
- IV. Place of birth.....
- V. Name of chief.....
- VI. Name of indvuna.....
- VII. Home region and town.....
- VIII. Pin number.....

PARTICULARS OF HUSBAND/WIFE OF APPLICANT

- I. Name of husband /wife.....
- II. Date of birth.....
- III. Place of birth.....
- IV. Name of chief
- V. Name of indvuna.....
- VI. Home region and town.....
- VII. Pin number.....

I the undersigned declare under oath that the information given in this form is to the best of knowledge and belief true and correct. I have not lost the status of being citizen of Swaziland, and have not renounce Swaziland citizenship.

1. Signature of applicant.....

2. Signature of witness.....

OFFICIAL STAMP.....

REGIONAL ADMINISTRATOR

COMMENTS OF REGIONAL ADMINISTRATOR

I. The details furnished above have been checked and found correct.....

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II. He/she is known in the region by the name of.....

.....

III. He/she is known in the region and the information given correct.....

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IV. He/she is a genuine case.....

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Regional Administrator

