

D/E 4/2

DRAFT

SOUTH AFRICAN INTER-CHURCH SCHOLARSHIPS COMMITTEE

C/o P.O. Box 97, Johannesburg.

APPLICATION FOR SCHOLARSHIP

(Read instructions at the bottom of last page before making application)

.....
(Full name : underline family name)

Present address
(street and number)

.....
(town) (province)

Permanent home address
(street and number)

.....
(town) (province)

Attach here
photograph taken
within the past year

Be sure your full
name is written
on the photograph
for identification
should the photograph
become accidentally
detached.

1. Place of birth Date of birth

2. Present citizenship Church affiliation

3. Marital status: (underline one) Single Married Widowed Divorced

4. Number and ages of children

5. Father's name in full

Address

Country of father's birth Of present citizenship

Church affiliation Occupation

6. Mother's maiden name in full

Address

Country of mother's birth Of present citizenship

Church affiliation Occupation

7. Person to be notified in case of emergency:

In country of study

In home country

8. Names and addresses of any close relatives in the country of study (indicate relationship):

.....

9. Names of educational institutions attended, including one you may now be attending:

Name of institution	Location	Date of entrance	Date of Leaving	Degrees or diplomas	Date received
Secondary or middle schools:					
.....					
.....					
University Training:					
a) College and Faculty other than Theological:					
.....					
.....					
b) Theological schools:					
.....					
.....					
No. of semesters of theological study completed:					

10. Titles, degrees or diplomas:

List any title, degree or diploma for which you are now a candidate:

 Institution
 (Name) (Location)
 Date you expect to receive the title, degree or diploma

11. Scholarships or other assistance received (include present as well as past):

From whom received	Place of study	Amount	Dates
.....			
.....			
.....			

12. Occupation or practical experience:

	Title of Position	Name and address of Employer	Type of Work	Dates
Present:			
Previous:			
			
			

13. In what way have you participated in the life and work of your Church (apart from pastoral, teaching or other services for which you have been paid):

.....

14. Books, articles and these published:

Title	Place and date of publication
.....
.....
.....

15. Time and field of scholarship study:

Beginning (approximately)..... Ending (approximately)

Field in which you expect to specialize

.....

16. Preferences for place of study:

Educational Institution	Country
1st Choice
2nd Choice
3rd Choice

17. Knowledge of languages (indicate proficiency : excellent, good, or fair):

Language	Reading	Writing	Speaking	Language	Reading	Writing	Speaking
.....
.....
.....

18. Have you completed the military service required by your country?.....

19. Have you travelled or lived abroad? If so, indicate places and dates

20. Can you contribute to your expenses?

- a) travel within your own country
- b) travel to destination and return
- c) other expenses (medical, clothes etc.)

21. References:

List three persons not related to you by blood or marriage; at least two Faculty members of the theological school you are now attending or have attended; a pastor of your Church or any other person of recognized standing. Their letters of recommendation should be written on the forms provided for that purpose (See Appendix "C") and sent directly to the South African Inter-Church Scholarships Committee.

- (1) Name
- Position or title
- Address
- (2) Name
- Position or title
- Address
- (3) Name
- Position or title
- Address

22. Personal Commitments:

- (a) If granted a scholarship, I pledge myself to return to South Africa for service in my Church upon completion of study abroad.
- (b) I agree to comply with the regulations of the educational institution to which I am assigned for study abroad.

I certify that the information given in this application is complete and accurate to the best of my knowledge.

Date Signature

INSTRUCTIONS FOR COMPLETING THIS APPLICATION FORM

1. This application form and its appendices should be typewritten. Two copies of this form and the curriculum vitae, as well as two copies of the appendices, are required. If space provided in this form and its appendices is not adequate for the information requested, it should be given on extra sheets of the same size as this form.
2. In filling out these forms, English should be used. However, one copy of the curriculum vitae should be in the language of the country in which the student wishes to study.
3. Curriculum vitae:
Attach a short (700-1000 words) statement giving information concerning your past life, education, practical experience, special interests, and the formative influences and events of your life, together with an indication of what you expect from your study abroad and how it will benefit your church at home. The statement should supplement not duplicate, information given elsewhere in the application. Because this statement is very important to those who consider the application, its preparation should be given careful thought by the applicant.
4. Appendix "A" should give the academic record of the applicant, beginning with the high school through to the theological studies. Certified copies of certificates or diplomas should be provided. If ratings for specific courses are not given by a school, results of any examinations taken should be indicated.
5. Letters of recommendation submitted as a part of Appendix "C" are not acceptable unless sent directly by the writer to the South African Inter-Church Scholarships Committee.

APPENDIX "A" TO APPLICATION FOR SCHOLARSHIP

A C A D E M I C R E C O R D

(To be typewritten, if possible - please attach certified copies of certificates)

Name of applicant

Educational institution submitting this report
 (name of institution)

 (town or city) (province)

Date of entrance Date of leaving

Certificates, diplomas or degrees received from institution named above (give month and year received):

Period in which course was taken (e.g. Feb.'58-March '58)	C O U R S E S	Institution at which courses were taken if different from one making report	Grade, mark, or rating
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Note: Include courses which applicant is taking at the present time. Enter courses in chronological order. If insufficient space is provided, use a continuation sheet which should be signed and bear the institution's seal. The signature must be that of the officer responsible for keeping the institution's academic records.

OFFICIAL SEAL OF THE SCHOOL OR UNIVERSITY

Signature
 Official title
 Address

Date

Note: Kindly give the system grading used, indicating highest obtainable grade and lowest passing mark:

APPENDIX "B" TO APPLICATION FOR SCHOLARSHIP

CERTIFICATE OF LANGUAGE PROFICIENCY

(To be typewritten)

(Proficiency in the language of the place where the applicant desires to study. It is not required if that is the applicant's mother tongue. Certificate should be made by a professor or instructor in that language at a recognized educational institution, and should be recent)

This will certify that of
(name of applicant)

.....
(town or city) (province)

has taken an examination on his knowledge of with the following ratings (check one for each of the five parts of the examination):

	Excellent	Good	Fair	Poor
Ability to understand language when spoken:.....
Ability to read the language:
Ability to translate the language: (give the name of the book used)
Ability to speak the language: (conversation)
Ability to write the language: (simple composition or letter)

These ratings are given with the following in mind: the ability of the applicant to profit by class instruction in an educational institution in which this language is used.

Remarks:

Signed
(Name of person conducting examination)

Address

Name of educational institution with which affiliated

Position or title in that institution

Date of examination

APPENDIX "C" TO APPLICATION FOR SCHOLARSHIP

LETTER OF RECOMMENDATION

(To be typewritten, if possible)

NAME OF APPLICANT:

A careful and confidential analysis or opinion of the applicant's character, intellectual ability, adaptability, seriousness of purpose, and probable future value to the Church should be given in the space below:

Signed Position or title

Address

Date

Note: This recommendation must not be given to the applicant but must be sent directly to the South African Inter-Church Scholarships Committee, c/o P.O. Box 97, Johannesburg. Its contents will be treated as strictly confidential.

APPENDIX "D" TO APPLICATION FOR SCHOLARSHIP

CERTIFICATE OF HEALTH

(To be filled out by a physician)

Name of applicant Age Nationality

Address
(Street and number) (City) (Province)

A. Do you consider applicant's lungs to be entirely normal? Yes..... No....

B. If lungs are not entirely normal, please give details in space below:

.....
.....
.....
.....

C. Has the applicant ever had any nervous or mental disorders? Yes.... No....

D. If answer to C was "Yes", please give details in space below:

.....
.....
.....
.....

E. In my opinion the applicant's health and physical condition are:

.....
.....
.....
.....
Excellent.....Good.....Fair.....Poor.....

He was successfully vaccinated against smallpox on (date

He was successfully inoculated against typhoid on (date

He presents no evidence of communicable disease or of over-fatigue and has no physical defects:

F. General comments on applicants health not covered by proceeding questions.

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Signature: M.D.

Name and title of physician:

.....
(please print)

Address:

.....

Date:

Collection Number: AD1715

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