

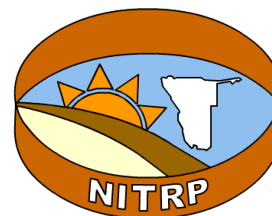
NAMIBIA INSTITUTE OF TOWN AND REGIONAL PLANNERS

P.O. Box 20837
WINDHOEK
Namibia

Tel: +264-61-238-460
Fax: +264-088-646401
Cell: +264-811-275-879

Enquiries: H. Kisting

E-mail: hkisting001@gmail.com



SCHOLARSHIP APPLICATION FORM

Notes and Instructions:

- The beneficiaries of the fund shall be citizens of the Republic of Namibia.
- Please note that incomplete application forms will not be considered.
- Ensure that you read every section and that the information you provide is complete and accurate.
- Where applicable, mark your choice with a cross (x) in the appropriate block.
- Only original application forms will be accepted - please do not fax your application form.
- Please supply all the requested information or explain why you cannot provide it.
- Please specify the discipline you are applying for in the space provided on the form. Please note that preference will be given to Property and related qualifications.
- Do not send original certificates and results. Only certified copies (with date stamp not older than 3 months) should be submitted.
- Bursaries will only be awarded for the year following the one in which the application is received.
- A colour passport photograph of the applicant must be attached to the application form.
- Please sign at the end of your application in the space provided.
- Applications close 31 January and no late applications will be considered.

NAMIBIAN INSTITUTE OF TOWN AND REGIONAL PLANNERS – SCHOLARSHIP

Hand delivery / Courier Address:

Attention: The NITRP President
XXX Pasteur Street
Windhoek West
WINDHOEK

Postal Address:

Attention: The NITRP President
P.O. Box XXXX
WINDHOEK

E-mail: hkisting@namibnet.com

SECTION A: PERSONAL INFORMATION

Title (Mr/Mrs/Ms)			
Surname			
Full Names			
Maiden Name (if applicable)			
ID #		Date of Birth	
Place of Issue (Country)		Citizenship	
Gender	Male	Female	
Telephone # (home)		Telephone # (alternate)	
Mobile #		Fax #	
Home Address			
City:	Postal Code:	Region:	
Postal Address			
City	Postal Code:	Region:	
E-mail Address			
Do you have a disability?	Yes	No	
If yes, please provide details			
Do you suffer from any chronic diseases?	Yes	No	
If yes, please provide details			
Are you a recipient of a grant/bursary?	Yes	No	
If yes, please provide details			

SECTION B:

ACADEMIC ACHIEVEMENT: DETAILS OF UNIVERSITY EDUCATION

Name of School			
Student #			
Telephone #		Telephone # (alternate)	
Mobile #		Fax #	
Physical Address of Academic Institution:			
City:	Postal Code:		Region:
Postal Address of School / Institution:			
City:	Postal Code:		Region:
Current Year		Date of first registration	
Estimated completion date			

RECENT EXAM RESULTS

[illegible]

SECTION C:**FAMILY AND FINANCIAL DETAILS****DECLARATION OF FINANCIAL POSITION**

To be completed by the parent/s, guardian/s or person/s on whom the applicant is dependent for financial support or assistance. Clearly state the relationship to the applicant.

Full details of person on whom the applicant is dependent for financial support			
Title (Mr/Mrs/Ms)			
Surname			
Full Names			
ID #			
Date of Birth			
Place of Issue (Country)		Citizenship	
Gender	Male	Female	
Telephone # (home)		Telephone # (alternate)	
Mobile #		Fax #	
Home Address			
City:	Postal Code:	Region:	
Postal Address			
City	Postal Code:	Region:	
Occupation			
Employer			
Relationship to the applicant			

SECTION D:

DECLARATION

I hereby, declare that ALL the information provided in this application form is complete and correct.

I hereby, acknowledge that if ANY of the information provided in this application form is found to be incomplete and/or incorrect, my application will be disqualified and the bursary awarded will be cancelled.

Signature of

APPLICANT _____

Signed at _____ **on the** _____ **of** _____ **20**__

Signature of

PARENT/ LEGAL GUARDIAN _____

Signed at _____ **on the** _____ **of** _____ **20**__

Documents to be submitted with the application form are as follows:

1. Certified copy of the applicant's identity document.
 2. A certified copy of the applicant's November examination results, to be followed by the January results, as soon as they are available.
 3. Certified copy of a valid Namibian identity document of the parent/s; guardian/s.
 4. Certified copy of the most recent payslip of the parent/s; guardian/s.
 5. An unemployed parent I guardian I husband / wife should indicate unemployed on the declaration and submit a sworn affidavit to that effect.
 6. A complete CV should the applicant have any job experience.
-