



# UNAM Financial Assistance

**PASSPORT PHOTO OF APPLICANT (Compulsory)**

Please attach a recent passport photograph of yourself



STUDENT NUMBER:     For Official Use

Academic Year Applied for:

**The closing date for applications: 09 September  
NO LATE APPLICATIONS WILL BE CONSIDERED**

**Documents to be submitted with Application Form**

- ID Document/Passport - certified copy or
- Full Birth Certificate - certified copy
- School Leaving Certificate - certified copy
- Marriage Certificate - certified copy (if applicable)
- Degree/Diploma - certified copy (if applicable)
- Academic Record (in case of post school application)
- Salary Slip - certified copy (if applicable)
- Unemployment Affidavit (not older than 2 months)
- Legal Guardian documentation (if supported by guardian)

This application is not binding on either the applicant or the University of Namibia. All information will be treated as confidential.

**Instructions:** Use block letters to complete this form where space is provided or place an 'X' in the correct square.  
**Incomplete applications will not be accepted.** All certified documents will be filed - no copies will be returned to applicants.  
**Note:** Only successful candidates will be contacted.  
**NB:** Photocopied application forms may also be submitted for selection purposes

**Completed application forms can be submitted at UNAM Campuses or Regional Centres or mailed to:**

The Office of the Registrar, University of Namibia, Private Bag 13301  
Windhoek, NAMIBIA

## SECTION 1: COURSE OF STUDY

|  |  |
|--|--|
| <b>Course of Study Applied for (First-years only):</b>     |  |
| <b>Course of Study Applied for (Senior Students only):</b> |  |

## SECTION 2: PERSONAL PARTICULARS

|   |    |   |    |   |                |           |   |   |                        |        |  |         |  |  |  |  |  |
|---|----|---|----|---|----------------|-----------|---|---|------------------------|--------|--|---------|--|--|--|--|--|
| <b>Title:</b>   | Mr |   | Ms |   | Other(specify) |           |   |   |                        |        |  |         |  |  |  |  |  |
| <b>Surname:</b>   |    |   |    |   |                |           |   |   |                        |        |  |         |  |  |  |  |  |
| <b>First Name in full:</b>  |    |   |    |   |                | Initials: |   |   |                        |        |  |         |  |  |  |  |  |
| <b>Student No.: (if registered)</b>                                 |    |   |    |   |                |           |   |   |                        |        |  |         |  |  |  |  |  |
| <b>Date of Birth:</b>   | D  | D | M  | M | Y              | Y         | Y | Y   | <b>I.D. No.:</b>       |        |  |         |  |  |  |  |  |
| <b>Passport No.:</b>  |    |   |    |   |                |           |   |   | <b>Marital Status:</b> | Single |  | Married |  |  |  |  |  |
| <b>Gender:</b>  | M  |   | F  |   |                |           |   | <b>Maiden Name:</b><br><small>(if applicable)</small> |                        |        |  |         |  |  |  |  |  |
| <b>Home Language:</b>   |    |   |    |   |                |           |   | <b>Home Town:</b>                                     |                        |        |  |         |  |  |  |  |  |
| <b>Region:</b>  |    |   |    |   |                |           |   |   |                        |        |  |         |  |  |  |  |  |
| Are you a dependant of a staff member of the University of Namibia? | Y  |   | N  |   | NUST           |           | Y |   | N                      |        |  |         |  |  |  |  |  |

|   |     |  |    |  |                                     |
|---|-----|--|----|--|-------------------------------------|
| <b>Do you have a disability?</b>                            | Yes |  | No |  | <i>(for planning purposes only)</i> |
| <b>If 'yes' please specify.</b>                             |     |  |    |  |                                     |
| <b>Based on your disability, do you have special needs?</b> | Yes |  | No |  |                                     |

*(Please note that you may be contacted.)*

### FOR OFFICIAL USE ONLY:

Already a Bursary/Loan Holder:  Y  N

Donor: \_\_\_\_\_ Amount: N\$ \_\_\_\_\_

Remarks: .....  
.....  
.....

### SECTION 3: CONTACT PARTICULARS

(NOTE: Postal addresses or telephone numbers of schools or hostels are unacceptable for application purposes, since correspondence may be mailed to you well after you have left your school or hostel.)

|                        |  |                             |  |
|------------------------|--|-----------------------------|--|
| <b>Postal Address:</b> |  | <b>Residential Address:</b> |  |
| <b>+ Code:</b>         |  |                             |  |
| <b>Cell No:</b>        |  |                             |  |
| <b>Fax No:</b>         |  |                             |  |
| <b>E-mail:</b>         |  |                             |  |

### SECTION 4: GENERAL INFORMATION

|   |
|---|
| <b>Are you currently a Bursary/Loan Holder? If so, please indicate the name of the Bursary/Loan institution.</b>                      |
|   |
| <b>Have you applied for a Bursary/Loan at any other institution? If so, please indicate the name of the Bursary/Loan institution.</b> |
|   |
| <b>Have your Bursary/Loan previously being cancelled? If so, please indicate which institution and why?</b>                           |
|   |

|  |     |                          |    |                          |  |
|--|-----|--------------------------|----|--------------------------|--|
| <b>Are you a member of the following marginalised group e.g Ovahimba, San etc...</b>                         | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | <i>(for statistical purposes only)</i> |
| If 'yes' please attach your full birth certificate and a sworn declaration from your Regional Council Office |     |                          |    |                          |  |

|  |     |                          |    |                          |  |
|--|-----|--------------------------|----|--------------------------|--|
| <b>Are you an Orphan?</b>  | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | <i>(for statistical purposes only)</i> |
| If 'yes' please attach your full birth certificate and Death Certificate of both Parents |     |                          |    |                          |  |

### SECTION 5: EMPLOYMENT PARTICULARS (only if applicant is in full-time employment)

|                                   |  |
|-----------------------------------|--|
| <b>Name of Employer:</b>          |  |
| <b>Your Occupation:</b>           |  |
| <b>Annual Income:</b>             |  |
| <b>Employer's Postal Address:</b> |  |
| <b>Employer's Telephone No.:</b>  |  |

### SECTION 6: APPLICANT'S NEXT OF KIN/LEGAL GUARDIAN PARTICULARS

|  |                          |                          |                          |                          |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <b>Family relationship with the person whose particulars are supplied.</b> |                          |                          |                          |                          |                          |                          |                          |
| Father   | <input type="checkbox"/> | Mother                   | <input type="checkbox"/> | Spouse/partner           | <input type="checkbox"/> | Guardian                 | <input type="checkbox"/> |
| Title:   | Mr                       | <input type="checkbox"/> | Ms                       | <input type="checkbox"/> | Other (specify)          |                          | <input type="checkbox"/> |
| Surname:   |                          |                          |                          |                          |                          |                          |                          |
| First Names in full:   |                          |                          |                          |                          |                          | Initials                 | <input type="checkbox"/> |
| I.D. No.:  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Home Address (next of kin/guardian):                                       |                          |                          |                          |                          |                          |                          |                          |
| Tel No.: Work  |                          |                          |                          |                          |                          |                          |                          |
| Tel. No.: Home   |                          |                          |                          | Cell No.:                |                          |                          |                          |
| Employer (next of kin/guardian):   |                          |                          |                          |                          |                          |                          |                          |
| Occupation:  |                          |                          |                          | Employer's Address:      |                          |                          |                          |
|  |                          |                          |                          |                          |                          |                          |                          |

|  |  |
|--|--|
| <b>Annual Income: (Father)</b>                                     |  |
| <b>Annual Income: (Mother)</b>                                     |  |
| <b>Annual Income: (Guardian)</b><br><small>(if applicable)</small> |  |

(PLEASE NOTE: "NOT APPLICABLE" is not a suitable answer. If unemployed, please describe/explain means of income generated on a monthly basis - should be done by AFFIDAVIT or a RECOMMENDATION by a social worker.)

## SECTION 7: FORMAL STATISTICAL INFORMATION

| Region of Origin (Namibian Students only) |     |  |              |     |  |
|---|-----|--|--------------|-----|--|
| Karas                                     | 200 |  | Omusati      | 207 |  |
| Hardap                                    | 201 |  | Oshana       | 208 |  |
| Khomas                                    | 202 |  | Ohangwena    | 209 |  |
| Erongo                                    | 203 |  | Oshikoto     | 210 |  |
| Omaheke                                   | 204 |  | Kavango West | 211 |  |
| Otjozondjupa                              | 205 |  | Kavango East | 213 |  |
| Kunene                                    | 206 |  | Zambezi      | 212 |  |

## SECTION 8: SCHOOL LEAVING PARTICULARS

|                                 |  |
|---------------------------------|--|
| Last secondary school attended: |  |
| Address of school:              |  |
| Highest grade passed:           |  |
| Current grade (if applicable):  |  |
| Date of examination:            |  |
| Examination number:             |  |
| Examination body:               |  |

**Note: A certified copy of your School Leaving Certificate should accompany this application. Please furnish your NAMIBIAN School Leaving Certificate (Grade 12) if you attended a Secondary School in Namibia.**

| Subject | Level ## | Symbol |
|---------|----------|--------|
|         |          |        |
|         |          |        |
|         |          |        |
|         |          |        |
|         |          |        |
|         |          |        |
|         |          |        |

| LEVEL      |                    |             |              |
|------------|--------------------|-------------|--------------|
| I = IGCSE  | H = HIGHER GRADE   | A = A LEVEL | + = NSSC (O) |
| * = HIGCSE | S = STANDARD GRADE | I = O-LEVEL | # = NSSC (H) |
|            | L = LOWER GRADE    |             |              |

**SECTION 9: POST-SCHOOL ACADEMIC QUALIFICATIONS**

**Note: A full Academic Record issued by the institution should accompany this application.**

|                              |           |         |                                      |   |   |  |
|------------------------------|-----------|---------|--------------------------------------|---|---|--|
| Student No.                  | From Year | To Year | Name of University/Technikon/College |   |   |  |
| Name of Programme (e.g. BA): |           |         | Awarded:                             | Y | N |  |

|                              |           |         |                                      |   |   |  |
|------------------------------|-----------|---------|--------------------------------------|---|---|--|
| Student No.                  | From Year | To Year | Name of University/Technikon/College |   |   |  |
| Name of Programme (e.g. BA): |           |         | Awarded:                             | Y | N |  |

|  |  |  |  |   |   |  |
|--|--|--|--|---|---|--|
| Are you currently enrolled at the University of Namibia? |  |  |  | Y | N |  |
| If 'yes' please indicate course of study.                |  |  |  |   |   |  |

**SECTION 10: ACHIEVEMENTS**

**A. GENERAL**

Indicate any leadership positions held:

| Position | Field of Activity |
|----------|-------------------|
|          |                   |
|          |                   |
|          |                   |

**DECLARATION**

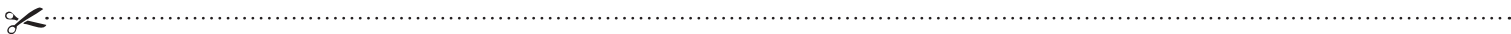
I hereby declare that all the particulars given in this application form are true and correct. I further declare that my enrolment as a student at the University of Namibia (UNAM) shall be subject to the terms and conditions contained in the agreement, which I shall complete and sign at registration.

**SIGNATURE OF APPLICANT**

Date

**SIGNATURE OF GUARDIAN**  
*(If applicant is under 21 years of age)*

Date



**APPLICATION FORM PROOF OF SUBMISSION**

Full Name: .....

Received by: .....

Signature: .....

Will forward application form to which Faculty and Campus: .....

