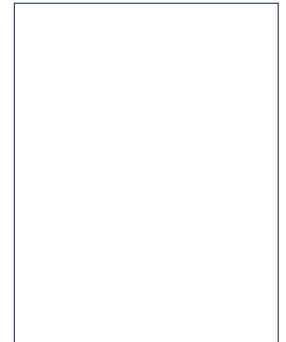


APPLICATION FOR HIGH SCHOOL SCHOLARSHIP

The AISCT Scholarship Program is designed for academically talented South African students with limited financial means. It provides these students from previously disenfranchised population groups discriminated against under the Apartheid regime with an opportunity to attend the High School at AISCT. Each applicant who fits this criteria will be given fair and equal consideration based on this criteria.

Please complete the form as accurately as possible and return by email to Admissions Director Mrs. Helen Petersen at admissions@aisct.org. All information received will be held in confidence and will be used by school officials only.



Affix a current head and shoulders photograph of the applicant here.

AN INCOMPLETE APPLICATION WILL NOT BE REVIEWED BY THE SCHOLARSHIP COMMITTEE.

DATE OF APPLICATION

APPLICANT'S PERSONAL INFORMATION

Surname.....

First/middle name(s).....

Preferred name.....

Current grade..... Date of birth: Day..... Month..... Year.....

SA ID No. Nationality.....

Female Male Applicants must provide a certified copy of **unabridged birth certificate**.

FAMILY INFORMATION

Father/Legal Guardian

Name.....

Surname.....

Nationality.....

Home address.....

.....

Home Tel.

Mobile.....

Email.....

Occupation.....

Employer.....

Work address.....

.....

Work Tel.

Mother/Legal Guardian

Name.....

Surname.....

Nationality.....

Home address.....

.....

Home Tel.

Mobile.....

Email.....

Occupation.....

Employer.....

Work address.....

.....

Work Tel.

Home address of applicant in Cape Town if different to the above:

.....
.....



EDUCATIONAL INFORMATION

1. From Grade 1, AISCT applicants are required to take a foreign language. Please indicate applicant’s foreign language preference:

French Spanish

2. Is the applicant’s home language one other than English?

Yes No

If YES, please answer the next four questions.

2.1 Applicant’s home language

2.2 Language of instruction at applicant’s current school

2.3 English language level

Fluent Fair Little None

2.4 Is the applicant currently enrolled in an ELL/ESL class or receiving support?

Yes No

3. Has the applicant skipped a grade or been in a gifted, talented, honors, or accelerated program?

Yes No

If YES, please explain, including grade level.

4. Has the applicant been diagnosed as having a learning disability or difficulty (e.g. ADHD, dyslexia, etc.)?

Yes No

If YES, please explain and submit applicant’s latest IEP, educational psychologist report and/or accommodations program with this application.

5. Has the applicant ever had any special/remedial help/tuition (e.g. special education, remedial reading/math, etc.)

Yes No

If YES, please explain, including grade level.

6. Has the applicant ever received speech, language, or occupational therapy?

Yes No

If YES, please explain.

7. Does the applicant have behavioral traits or special needs of which the teacher should be aware?

Yes No

If YES, please explain.

8. Has the applicant ever been retained or asked to withdraw from any school?

Yes No

If YES, please explain, including grade level and name of school.

PLEASE NOTE: AISCT requires a copy of the applicant’s current four years of academic records (e.g. report cards/transcripts) to be submitted with this application to consider the applicant for admission. AISCT requires completion of our Student Referral form by the current school and completion of our admissions assessment, which must be taken on our campus.

CURRENT SCHOOL

Name of current school.....

Address of school

Admissions contact or school counselor.....

Email address..... Tel.



MEDICAL INFORMATION

1. Does the applicant enjoy good health?

Yes No

If NO, please provide details.
.....

2. Does the applicant have any physical disabilities or difficulties (e.g. eyeglasses, hearing aid, wheelchair, etc.)?

Yes No

If YES, please provide details, including conditions of usage for eyeglasses, hearing aid, etc.
.....

3. Does the applicant have any special medical conditions (e.g. epilepsy, seizures, anxiety, diabetes, etc.)?

Yes No

If YES, please provide details, including medication needed for the condition.
.....

4. Does the applicant have any allergies, including food, drugs and stings?

Yes No

If YES, please provide details, including reactions and medication needed for the allergy.
.....

5. Does the applicant take any regular/chronic medication and/or use an inhaler?

Yes No

If YES, please provide details, including name of medication and frequency of usage. Please note that all medications must be left at the office with written instructions.
.....

6. Does the applicant receive treatment for any medical, surgical, or psychological condition/reason?

Yes No

If YES, please provide details.

7. Is there any other important information the school should know about the applicant's health?

Yes No

If YES, please provide details.

8. Please list all childhood diseases the applicant has had.
.....

MEDICAL CONTACT

Family doctor Tel.

Address
.....

Medical scheme Membership No.

Main member's name

Please include an updated copy of the **applicant's immunization record** with this application.

PLEASE NOTE: It is advised that all AISCT students have up-to-date immunizations according to the Vaccine (EPI) Schedule for South Africa. The current schedule can be found online.



FINANCIAL INFORMATION

Please complete the tables below and submit all proof of income as separate documents or pdf attachments. **The information required must be provided in full before the application can be considered.**

ASSETS	AMOUNT/VALUE IN RANDS
Cash or savings	
Home (if owned)	
Vehicle	
Other assets (specify)	
TOTAL ASSETS	

LIABILITIES	AMOUNT IN RANDS
Loans	
Other liabilities (specify)	
TOTAL LIABILITIES	

TOTAL NET WORTH: (Total assets minus total liabilities equals total net worth) R.....

INCOME*	AMOUNT/VALUE IN RANDS
Father's income	
Mother's income	
Other income (specify)	
TOTAL INCOME	

EXPENSES	AMOUNT IN RANDS
Taxes	
Housing	
School fees	
TOTAL EXPENSES	

*Include IRP5 signed by employers

Does your employer provide:

Housing allowance?..... YES NO Car or car allowance?..... YES NO
 Educational assistance?..... YES NO Medical insurance?..... YES NO

Please list any of these benefits that have been included in reported income on the previous page.....

FOR SELF-EMPLOYED PARENTS/GUARDIANS

Please include a copy of the last available tax statement.

Name of business.....

Type of business..... % Ownership.....



WRITTEN TASKS

The application is incomplete without the responses to each of these tasks. Type your answers in a font that is legible and no smaller than 12 point and double-spaced. Handwritten responses should be on lined paper and must be neat and legible. Your work should be grammatically correct and demonstrate strong thought development and critical thinking. The work must be your own.

TASK 1: NARRATIVE STATEMENT

FORMAT: Essay format, maximum 250 words. Title the essay “Narrative Statement” and include your name on every page.

PROMPT: Introduce yourself to the Scholarship Committee. Your essay should reveal your personality, personal hobbies or aspirations, or any unusual experiences you may have had.

TASK 2: EXTRACURRICULAR RESUMÉ

FORMAT: Resumé format, maximum 500 words. Title the resume “Extracurricular Resumé” and include your name on every page.

PROMPT: List extracurricular activities, jobs held, special study projects, or activities in which you have been involved in the past two years in your school, community, or personal pursuits. Identify your role in each. List academic awards or special recognition you have received and the nature and source of each. This should reflect your commitment to and involvement in your community.

CONDITIONS OF ENTRY

- The applicant must:
 - » hold South African citizenship
 - » have proven financial need
 - » show leadership and have a commitment to service
 - » be at least 13 years of age by July 2021
 - » have achieved high academic results the in English language curriculum
 - » be fluent in English (oral and written)
 - » have the ability to live in Cape Town with family or guardians for the duration of the scholarship
- The applicant undertakes to comply with school rules and policies as set out in the Parent-Student Handbook, accessible at www.aisct.org.
- High School graduates are not eligible to apply.
- By signing below, the parent/guardian gives AISCT permission to obtain or confirm school records from previous/current school(s), if necessary.
- AISCT reserves the right to change or update the terms and conditions at any time and at its sole discretion.

I,..... declare that the below is my legally binding signature and that all information provided in this Application for Scholarship is true.

Parent/Guardian’s signature..... Date

I,..... declare that the below is my signature and that all the the written work provided in Part 2 is my own.

Applicant’s signature..... Date

Please email the completed application and supplementary information to Admissions Director Mrs. Helen Petersen at admissions@aisct.org.

HOW DID YOU LEARN ABOUT THE AISCT HIGH SCHOOL SCHOLARSHIP PROGRAM?

- Google search
 School website
 Family/Friend
 Social media
 Other (Please specify).....

