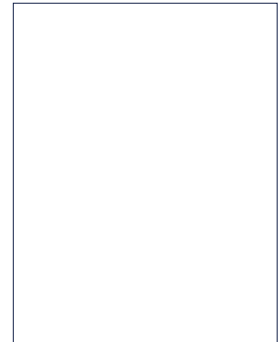


## APPLICATION FOR HIGH SCHOOL SCHOLARSHIP

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](mailto: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

#### Mother/Legal Guardian

Name.....

Name.....

Surname.....

Surname.....

Nationality.....

Nationality.....

Home address.....

Home address.....

Home Tel. ....

Home Tel. ....

Mobile.....

Mobile.....

Email.....

Email.....

Occupation.....

Occupation.....

Employer.....

Employer.....

Work address.....

Work address.....

Work Tel. ....

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)	
<b>TOTAL ASSETS</b>	

LIABILITIES	AMOUNT IN RANDS
Loans	
Other liabilities (specify)	
<b>TOTAL LIABILITIES</b>	

**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)	
<b>TOTAL INCOME</b>	

EXPENSES	AMOUNT IN RANDS
Taxes	
Housing	
School fees	
<b>TOTAL EXPENSES</b>	

\*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](http://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](mailto: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).....

