

NORTHERN TRUST SCHOLRSHIP 2024/2025

DEADLINE: 31ST JULY 2024

Scholarship Application

The Northern Trust scholarship was created to provide financial support to diverse and motivated individuals seeking to pursue a Masters Degree at the University of Botswana.

Applicants must meet the following criteria:

- First-in-the-Family to acquire an undergraduate degree
- Cumulative GPA of 3.6 or above on a 5-point GPA scale (70% or above)
- Citizens of Botswana
- Have a working experience of 3 years or less
- Full-time Graduate Programme Admission
- Must have graduated with a degree not earlier than 2020
- Demonstrate potential to meet academic excellence and continue formal education
- Students with good leadership qualities
- Demonstrate involvement in community development and volunteerism
 Vulnerable Children and Candidates from disadvantaged backgrounds, are encouraged to apply

Requirements:

• Must remain and work in Botswana for at least three (3) years after graduation with a Master's degree

All applications should be returned to the University of Botswana Foundation by 31st July 2024

PERSONAL INFORMATION Please type or print legibly			
Name			
National ID			
Mailing information			
CONTACT INFORMATION Where correspondence shou	ld be sent		
Postal address			
City/village			
Cell phone number			
Email address			
PERMANENT CONTACT INFORMATION			
Postal address			





City/village

UB Foundation - Northern Trust Scholarship Application Form



Cell phone number				
Home telephone number				
DEMOGRAPHICS				
Cumulative GPA				
First generation graduation student	Yes No First generation graduation studen	t means that neither of the ap	oplicant's parents has	a graduate university degree
EDUCATION Please list all colleges and un	niversities you have attended			
Name of institution	Address, city, count	ry Yea	rs completed	Major programme
SCHOLARSHIP INFORMATION Are you currently receiving		Yes No	the section below	
Scholarship name	Name of	organisation/institute		mount per semester
	nat we may contact for addition			
name and the programme	ou have applied for.			
	ou have applied for. Title and organization/i	institute Telephon	e number E	Email address
name and the programme		nstitute Telephon	e number E	Email address
name and the programme		nstitute Telephon	e number E	Email address
name and the programme		institute Telephon	e number E	Email address
name and the programme		institute Telephon	e number E	Email address





CAMPUS AND COMMUNITY INVOLVEMENT Please list membership in both on-campus (for including civic, social and/or honor societies. A		and off-campus organizations,
Club/organisation	Position held (general member/ executive/other)	How long did you hold that position?
 information pertinent to the application. Please submit a certified copy of your attended. Please submit a one-page response (in correct as motivation for applying for a please describe your short- and 	Certificate and official transcript from the no more than 150 words), typed, double so this scholarship. Include the following in your group that the following in your group circumstances that may impede your	spaced and grammatically our motivation:
AGREEMENT AND SIGNATURE All of the information provided on this application university of Botswana Foundation to review my		
Applicant's signature Date		

Please submit applications to:

University of Botswana Foundation Gaborone, UB Main Campus Email: <u>ubfoundation@ub.ac.bw</u>

Call 355 5063 / 2616 / 4030 for Directions to the location of our Office

THE CLOSING DATE FOR RECEIVING APPLICATIONS IS $31^{\rm ST}\,$ JULY 2024 AT 16.00 HOURS BOTSWANA TIME





To the Recommender:
The applicant named below is applying for a scholarship for entry to the University Of Botswana School O Graduate Studies. Please complete this Reference Form along with a separate recommendation Letter written and signed on your official academic or business letterhead stationery. Return both documents before the program application deadline of 31 st July 2024 . If you have not had the applicant as a student, please adapt items 3–6 below, if applicable, and explain your knowledge and assessment of the applicant in your recommendation letter. If you do not know this student well, please feel free to say so.
Applicant's Surname First Name 1. What is your relationship with the applicant? Teacher/Professor Employer/Supervisor Other
2. Do you know the applicant well enough to give him/her a recommendation? Yes No (If you checked NO, you do not need to complete the rest of this form.)
3. SUMMARY EVALUATION Compare the applicant with a representative group of students with similar experience and training in the same field. How do you rate the applicant on general research and scholarly ability? (Check one.) outstanding (highest 5%—comparable to best students) very good (highest 10%) good (upper 25%—ability easy to identify) average (upper 50%) below average (lower 50%)
4. RECOMMENDATIONS I would make the following recommendation for the applicant's admission to the program and degree listed or the front: strongly recommend
recommend recommend with reservations do not recommend

I feel that the applicant is qualified to serve as: (check all that apply)

graduate teaching associate





graduate research associate			
master's candidate			
doctoral candidate			
other (Please elaborate)			
5. Some gifted individuals do not perform to their potential. Is the applicant's scholastic record, as you know it, an accurate index of his/her ability?			
Yes Don't know			
(If you checked NO, please explain why in your recommendation letter)			
6. RECOMMENDATION LETTER			
a. Use only clearly official, academic or business letterhead paper. This letter must be signed by you.			
b. Include the applicant's name on each page of the letter.			
c. Attach your letter to this Reference Form and send them so they arrive no later than the above-stated			
deadline.			
d. Describe the applicant's qualifications for graduate study. Please discuss topics such as:			
✓ performance in independent study or in research groups			
✓ intellectual independence			
✓ research interests			
✓ capacity for analytical thinking			
✓ ability to work with others			
✓ ability to organize and express ideas clearly			
✓ drive and motivation			
Recommender			
Please read and sign below:			
I have read the recommender information on the front of this Reference Form to the best of my abilities.			
My preferred direct contact number is:			
Phone: Fax:			
E-mail:			
Full Name:			
Signature:			

