

NATIONAL BURSARY PROGRAMME
EXTRACURRICULAR ACTIVITIES/CONTRIBUTION TO COMMUNITY/COUNTRY

TO BE COMPLETED IN BLOCK LETTERS

APPLICANT'S NAME: _____

NAME OF ORGANIZATION: _____

ADDRESS OF ORGANIZATION: _____

ORGANIZATION'S TELEPHONE NO: _____

ORGANIZATION'S EMAIL ADDRESS: _____

POSITION HELD (Please select and state the name of the position in the appropriate field)	
Administrator/Technical	
Volunteer/Non-Technical	
LENGTH OF SERVICE (Please select and state the period of service in the appropriate field)	
Under 1 year	
1 to 2 years	
Over 2 years	
HOURS OF CONTRIBUTION (MONTHLY) (Please select and state the number of hours in the appropriate field)	
Under 6 hours	
6 to 10 hours	
Over 10 hours	

GENERAL COMMENTS ON APPLICANT (Mandatory):

NAME OF VALIDATING OFFICER: _____

TITLE/POSITION: _____

DATE: _____

ORGANIZATION'S OFFICIAL STAMP: