

DTEF 1

FAX No: (+267) 3912891
TEL No: (+267) 3164023 / 3719300



DEPARTMENT OF TERTIARY EDUCATION FINANCING
MINISTRY OF TERTIARY EDUCATION, RESEARCH, SCIENCE & TECHNOLOGY
PLOT 37893, UNIVERSAL ESTATE, BLOCK 6
PRIVATE BAG 0079
GABORONE, BOTSWANA

LOAN APPLICATION FOR TERTIARY EDUCATION

BGCSE OR EQUIVALENT QUALIFICATION

(THOSE WHO NEVER BENEFITED FROM GOVERNMENT SPONSORSHIP BEFORE)

A. PERSONAL DETAILS

OMANG NUMBER:

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

GENDER

 M F

(✓Tick the applicable)

(for Top Achievers, Donor and Elite Sponsorship Applicants ONLY)

PASSPORT NUMBER:

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

EXPIRY DATE

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

Surname

First Name

Other Names

Previous Surname (if applicable)

Date of Birth

Place of Birth

Country of Birth

Marital Status

| | | | |
|---|---|---|---|
| S | M | D | W |
|---|---|---|---|

(✓Tick the applicable)

CORRESPONDENCE ADDRESS

PERMANENT HOME ADDRESS

| | |
|------------------------------|------------------------------|
| Postal: | Postal: |
| | |
| Applicant's Cellphone Number | Applicant's Cellphone Number |
| Town/Village | Town/Village |
| House No & Location / Ward | House No & Location / Ward |
| E-mail Address | E-mail Address |

DETAILS OF NEXT OF KIN

(1)

(2)

| | | | |
|-------------------------------|--|-------------------------------|--|
| Surname | | Surname | |
| First Name | | First Name | |
| Postal Address | | Postal Address | |
| Telephone | | Telephone | |
| Town/Village | | Town/Village | |
| Location/Ward | | Location/Ward | |
| Relationship to the Applicant | | Relationship to the Applicant | |

B. ARE YOU UNDER SOCIAL AND COMMUNITY DEVELOPMENT PROGRAMME (S&CD)?

(✓Tick the applicable)

OVC

| | |
|-----|----|
| YES | NO |
|-----|----|

RAC

| | |
|-----|----|
| YES | NO |
|-----|----|

Do you have any disability? If "Yes" Please specify:

| | |
|-----|----|
| YES | NO |
|-----|----|

.....
 DISTRICT VILLAGE.....

C. PROGRAM OF STUDY

Please attach copies of all three admission letters.

| | |
|------------------------------|--|
| FIRST CHOICE | |
| Course | |
| Level of entry (e.g. year 1) | |
| Institution | |
| Country | |
| Duration | |

| | |
|------------------------------|--|
| SECOND CHOICE | |
| Course | |
| Level of entry (e.g. year 1) | |
| Institution | |
| Country | |
| Duration | |

| | |
|------------------------------|--|
| THIRD CHOICE | |
| Course | |
| Level of entry (e.g. year 1) | |
| Institution | |
| Country | |
| Duration | |

REPUBLIC OF BOTSWANA (✓Tick the Applicable)

Level of study:

| | | | | | |
|---------|--------------------------|--------|--------------------------|---------------|--------------------------|
| Diploma | <input type="checkbox"/> | Degree | <input type="checkbox"/> | Post Graduate | <input type="checkbox"/> |
|---------|--------------------------|--------|--------------------------|---------------|--------------------------|

Commencement Date of the programme

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

Expected completion Date of the Programme

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

D. PARTICULARS ABOUT EMPLOYMENT (PAST AND CURRENT)

| Name and Address of the Employer | Nature of Employment (Temporary/Permanent) | Date of Assumption of Duty | |
|----------------------------------|---|----------------------------|----|
| | | From | To |
| | | | |
| | | | |

E. INFORMATION FROM PREVIOUS EDUCATION LOAN(S) SPONSORSHIP(S)

Have you ever been granted a student loan by Botswana Government?

| | |
|-----|----|
| YES | NO |
|-----|----|

(✓Tick the applicable)

If yes, state:

Year(s) Name of Institution:

Programme(s) for which the loan was granted:

TR No: Completion Date:

F. STUDENT'S DECLARATION

I declare that the details i have provided are correct to the best of my knowledge. I am aware that any false statement or declaration to acquire sponsorship/loan will invalidate my application and may result in prosecution.

Signature.....**Date**.....

FOR OFFICIAL USE

G. APPLICATION CHECK LIST

LOCAL PLACEMENT:

- Admission letter from a local institution clearly showing duration of programme
- Certified copy of statement of results or certified BGCSE or equivalent qualifications
- Certified copy of Omang
- Affidavits from the Police where names differ between Omang and Certificates
- Financial clearance letter from the institution (for Pick-up sponsorship)
- Certified official academic results for the current programme (for Pick-up sponsorship)
- Certified copy of previous qualification (for Progression sponsorship)
- Certified official academic transcript (for Progression sponsorship)

H. TO BE COMPLETED BY THE RECEIVING DEPARTMENT

Date of Receipt of Application

Received by:

Signature:

FOR OFFICIAL USE

APPLICATION NUMBER POINTS ATTAINED

CAPTURED BY SIGNATURE DATE

VERIFIED BY SIGNATURE DATE



REPUBLIC OF BOTSWANA