

#### Welcome to UWC!

#### Student and parent information and conditions of application

UWC schools, colleges and programmes deliver a challenging and transformative education experience to a diverse cross section of students, inspiring them to create a more peaceful and sustainable future.

UWC has 17 schools and colleges across 5 continents all with distinctive characters but sharing the same mission, ethos and values.

Although strong academic achievement is valued highly at UWC, academic achievements are put into perspective with a demanding mix of community engagement, international affairs, physical activities and creative pursuits.

Our student intake is deliberately diverse and each of the schools and colleges draws together students from many different nations and backgrounds. Our bursaries, scholarships and fee structures aim to ensure a broad socio-economic mix within the student body that adds value to the student experience and the organisation.

UWC depends on the dedication and expertise of a network of volunteers to promote UWC and select future students. These are called national committees and they operate in more than 145 countries worldwide.

Each year a national committee will receive from the UWC schools and colleges a specific number of places (which may include a scholarship, bursary/partial scholarship or fee-paying place) for which they select students to study the International Baccalaureate (IB) Diploma. If a national committee exists in your country you must apply through that committee.

Please make sure you find out as much as possible about UWC before going ahead with your application. It is important that you understand the aims of the organisation and the commitment involved in the programmes that are offered. For more information please go to <a href="https://www.uwc.org">www.uwc.org</a>

The UWC national committee in Malta is run by the UWC Malta National Committee, whose members operate and contribute on a wholly voluntary basis.

Further details about UWC Malta may be found at <a href="www.uwcmalta.org">www.uwcmalta.org</a> and/or our team may be contacted by e-mail at <a href="mailto:info@mt.uwc.org">info@mt.uwc.org</a>

To be eligible to apply you must meet the following criteria:

- 1. Aged between 16 and 18 years old by December 2018:
- 2. Enrolled in a Malta-based school/educational institute for the past 3 years (i.e. since 2014);
- 3. Completed your secondary education or your first/second year at a post-secondary institute by June 2018.

Your final application must include:

- Completed application form;
- 2. Two essays on separate pieces of paper;
- 3. Two references in sealed envelopes; and
- 4. A copy of your latest school report/academic results.

Your application should be sent via post to the Curriculum Centre, Room 17, Sarria Street, Floriana FRN 1460; attention to Mariella Galea. All sealed references accompanying your application form must be submitted by post to this same address.

The closing date for applications is at <u>12 noon on 15 December 2017</u>. No late or incomplete applications shall be considered.



#### Selection process:

Places in UWC are offered on a competitive basis. This application is carefully reviewed. From the initial list of applicants a short list is chosen for a pre-interview group activity and an individual interview (January 2018).

#### Finances:

- Financial agreements are confirmed on nomination of a candidate to a College;
- Financial agreement is made between the parents and the school/college.

#### Nomination process:

Successful candidates are nominated to specific UWC schools and colleges. The schools and colleges generally accept the nominated candidates on the recommendation of the national committee but reserve the right to make the final decision on every candidate.

#### Please also note:

- An application is made to UWC and not to a particular school or college (although you may be asked to state your preference)
- Only one application can be made to UWC. You cannot apply through two different national committees
- Applicants with disabilities who are self-sufficient in their everyday needs are encouraged to apply
- All personal data that is submitted to the National Committee of Malta is handled in the strictest of confidence and in accordance to national data protection laws.



**Applicant Information** (Please type or write clearly in dark ink and ensure you complete all the sections that are applicable to you)

| Personal information                       |  |
|--|--|
| Family name/ Surname/ Last n               | name:  |
| Legal first name(s):                       |  |
| Preferred Name (if different):             |  |
| Middle name (only if noted on              | passport):                                   |
| Legal/medical gender:                      |  |
| 0 1 11 "                                   |  |
| Date of birth (dd/mm/yyyy):                |  |
| Nationality: Do you have a valid passport? | Y/N  |
| Country of Birth:                          |  |
| Country of citizenship (on which           | :h passport would you travel):               |
| Email address:                             |  |
| Home Phone:                                |  |
| Cell phone:                                |  |
| Fax:                                       |  |
| Permanent Home Address Address line 1:     |  |
| Address line 2:                            |  |
| City:                                      |  |
| Province/ Territory/ Region:               | ·  |
| Post code:                                 |  |
| Country:                                   |  |
| Home Phone:                                |  |
| Fax:                                       |  |
| •  | posted mail, if different from home address) |
| Address line 1:                            |  |
| Address line 2:                            |  |
| City:                                      |  |
| Province/ Territory/ Region:               |  |
| Post code:                                 |  |
| Country:                                   |  |
| Phone:                                     |  |
| Fax:                                       |  |



| School information   |           |                  |               |                |             |
|--|-----------|------------------|---------------|----------------|-------------|
| Name of school:  |           |                  |               |                |             |
| Address of school:   |           |                  |               |                |             |
|  |           |                  |               |                |             |
|  |           |                  |               |                |             |
| Telephone number of school:  |           |                  |               |                |             |
| Email address of school:   |           |                  |               |                |             |
| Name of Head of School:  |           |                  |               |                |             |
| List the subjects that you currently stud  | dy at sch | nool and your mo | ost recent gr | ades or predic | ted grades: |
|  |           |                  |               |                |             |
|  |           |                  |               |                |             |
|  |           |                  |               |                |             |
|  |           |                  |               |                |             |
|  |           |                  |               |                |             |
|  |           |                  |               |                |             |
|  |           |                  |               |                |             |
| Do you participate in any extra-curricu sports, volunteer projects etc? Please involvement and responsibilities. |           |                  |               |                |             |
|  |           |                  |               |                |             |
|  |           |                  |               |                |             |
|  |           |                  |               |                |             |
|  |           |                  |               |                |             |
|  |           |                  |               |                |             |
|  |           |                  |               |                |             |
|  |           |                  |               |                |             |
| What are your plans after sixth form?  |           |                  |               |                |             |



#### Life outside school

| What are your favourite activities outside of school? How do you spend your leisure time? For example, creative activities, employment, sports, volunteer projects or other hobbies. Please list up to 5 areas of involvement indicating the level and time of involvement and responsibilities. |
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| What do you consider your best qualities?  |
| 1.   |
| 2.   |
| 3.   |
| What do you consider your best accomplishments?  |
| 1.   |
| 2.   |
| 3.   |
| What language do you speak at home?  |
| What other languages do you speak (please list the language and the level of understanding)?   |
| How did you hear about UWC?  |



#### **Essay questions**

- 1. Please provide a statement explaining what a UWC can provide you with that you cannot get in your present daily life. (on a separate piece of paper and with a limit of 300 words)
- 2. Imagine that UWC gave you 2,000 Euro to start a project in Malta what project would you start, why would you start that particular project and how would you go about organizing it? (on a separate piece of paper and with a limit of 300 words).

#### Applicant's signature

I have read and understood the information section at the beginning of this application form. I have discussed all aspects of the commitment involved in applying for entry to a UWC school/college with my parent(s)/guardian(s). Should the application be successful, I hereby undertake to observe the rules, regulations and guidelines of the school/college. I recognise that the school/college has the right to exclude me for violations of such rules, regulations and guidelines.

| Signature of applicant: |  |  |
|-------------------------|--|--|
|                         |  |  |
| Date:                   |  |  |
| Date.                   |  |  |
|                         |  |  |



#### To be completed by the person(s) who has legal duty of care for the student

| Person 1  |  |  |
|---|--|--|
| Relationship to student:                                |  |  |
| Family name/ Surname/ Last name:                        |  |  |
| First name/ given name(s):                              |  |  |
| Permanent Home Address (if different from student's)    |  |  |
| Address line 1:   |  |  |
| Address line 2:   |  |  |
| City:   |  |  |
| Province/ Territory:                                    |  |  |
| Post code:  |  |  |
| Country:  |  |  |
| Home Phone:   |  |  |
| Cell phone:   |  |  |
| Fax:  |  |  |
| Email:  |  |  |
|   |  |  |
| Person 2 (if applicable)                                |  |  |
| Relationship to student:                                |  |  |
| Family name/ Surname/ Last name:                        |  |  |
| First name/ given name(s):                              |  |  |
| Permanent Home Address (if different from student's)    |  |  |
| Address line 1:   |  |  |
| Address line 2:   |  |  |
| City:   |  |  |
| •   |  |  |
| Province/ Territory:                                    |  |  |
|   |  |  |
| Province/ Territory:                                    |  |  |
| Province/ Territory: Post code:                         |  |  |
| Province/ Territory: Post code: Country:                |  |  |
| Province/ Territory:  Post code:  Country:  Home Phone: |  |  |



#### Person 3 (if applicable)

| Relationship to student:                             |  |
|--|--|
| Family name/ Surname/ Last name:                     |  |
| First name/ given name(s):                           |  |
| Permanent Home Address (if different from student's) |  |
| Address line 1:                                      |  |
| Address line 2:                                      |  |
| City:  |  |
| Province/ Territory:                                 |  |
| Post code:   |  |
| Country:   |  |
| Home Phone:  |  |
| Cell phone:  |  |
| Fax:   |  |
| Email:   |  |
|  |  |
| Person 4 (if applicable)                             |  |
| Relationship to student:                             |  |
| Family name/ Surname/ Last name:                     |  |
| First name/ given name(s):                           |  |
|  |  |
| Permanent Home Address (if different from student's) |  |
| Address line 1:                                      |  |
| Address line 2:                                      |  |
| City:  |  |
| Province/ Territory:                                 |  |
| Post code:   |  |
| Country:   |  |
| Home Phone:  |  |
| Cell phone:  |  |
| Fax:   |  |
| Email:   |  |



| Please give a brief description of any medical or mental health concerns, physical impairments, serious illnesses or allergies that the applicant may have had:   |
|---|
|   |
|   |
|   |
|   |
| Please list any special dietary requirements that the applicant may have for medical, religious or ethical reasons?   |
|   |
|   |
| I/we have read and understood the information section at the beginning of this application form and the application for entry to UWC made by my son/daughter/ward; I/we have discussed all aspects of the commitment involved and this application has my full approval. Should the application be successful, I/we hereby undertake for myself/ourselves and for him/her to observe the rules, regulations and guide the school/college. I/we recognise that the school/college has the right to exclude my son/daughter/waviolations of such rules, regulations and guidelines. While my/our son/daughter/ward is in residence at |
| UWC school/college, I/we authorise the school /college to act 'in loco parentis' in decisions directly effecting his/her health and welfare when it is neither possible nor practical to contact me/us beforehand.  |
| UWC school/college, I/we authorise the school /college to act 'in loco parentis' in decisions directly effecting his/her health and welfare when it is neither possible nor practical to contact me/us  |
| UWC school/college, I/we authorise the school /college to act 'in loco parentis' in decisions directly effecting his/her health and welfare when it is neither possible nor practical to contact me/us beforehand.  |
| UWC school/college, I/we authorise the school /college to act 'in loco parentis' in decisions directly effecting his/her health and welfare when it is neither possible nor practical to contact me/us beforehand.  |
| UWC school/college, I/we authorise the school /college to act 'in loco parentis' in decisions directly effecting his/her health and welfare when it is neither possible nor practical to contact me/us beforehand.  |
| UWC school/college, I/we authorise the school /college to act 'in loco parentis' in decisions directly effecting his/her health and welfare when it is neither possible nor practical to contact me/us beforehand.  Signature(s) of the person(s) who has legal duty of care over the applicant:  |



School Principal Reference Form - to be completed by the Principal of your current school.

| Applicant name: |  |
|-----------------|--|
|                 |  |

The above student has applied to attend a UWC school/college.

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Our student intake is deliberately diverse and each of the schools and colleges draws together students from many different nations and backgrounds. Our bursaries, scholarships and fee structures aim to ensure a broad socio-economic mix within the student body that adds value to the student experience and the organisation. Please go to <a href="https://www.uwc.org">www.uwc.org</a> for further information.

Places are offered on a competitive basis. The UWC selection committee would greatly appreciate your comments on the applicant. Your frank assessment of the student would be invaluable.

Please comment on the student's performance and participation at school, personality and character and consider the following aspects:

- Academic motivation and interests
- Ability to organise self, work and time
- Interaction with others
- Maturity and balance
- Adaptability
- Initiative
- · Communication and listening skills
- Ability to deal with stress
- Other strengths and weaknesses

The deadline for receipt of this reference at 12 noon on 15 December 2017.

| School Principal Name: |  |
|------------------------|--|
| School Name:           |  |
| Telephone Number:      |  |
| Email:                 |  |
| Signature:             |  |
| Date:                  |  |



#### Please return in a <u>sealed envelope</u> to:

| Curriculum Centre, Room 17, Sarria Street, Floriana FRN 1406; Attention to Mariella Galea. |
|--|
| Please do <b>not</b> divulge and/or share your reference with the applicant.               |
| <del></del>  |
|  |
|  |
|  |
|  |

If you have any questions please contact: Mariella Galea (<u>mariella.galea@ilearn.edu.mt</u> or 25982909).

Many thanks for your help.



General Reference Form – to be completed by someone who knows you well through your out of school activities or hobbies

| Applicant name: |  |
|-----------------|--|
|                 |  |

Thank you for agreeing to write a reference for the above student who has applied to attend a UWC school/college.

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Places are offered on a competitive basis. The UWC selection committee would greatly appreciate your comments on the applicant. Your frank assessment of the applicant would be invaluable.

Please indicate how you know the applicant and comment on his/her strengths and weaknesses, personality and character (giving examples) and consider the following aspects:

- Ability to organise self, work and time
- · Interaction with others
- · Maturity and balance
- Adaptability
- Initiative
- · Communication and listening skills
- Ability to deal with stress

The deadline for receipt of this reference is 12 noon on 15 December 2017.

| Evaluator Name:           |      |
|---------------------------|------|
| Connection to the applica | ant: |
| Telephone Number:         |      |
| Email:                    |      |
| Signature:                |      |
| Date:                     |      |



#### Please return in a sealed envelope to:

| Curriculum Centre, Sarria Street, Floriana FRN 1406; Attention to Mariella Galea. Please do <u>not</u> divulge and/or share your reference with the applicant. |
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If you have any questions please contact: Mariella Galea (<u>mariella.galea@ilearn.edu.mt</u> or 25982909.

Many thanks for your help.