

# MINISTRY OF EDUCATION

## APPLICATION FOR MOE- MOH Nursing Scholarship 2019

*Complete form in BLOCK LETTERS. All sections should be filled in and any required documentation attached to this form. Kindly ensure that writing is legible and in black or blue ink. Those parts with an \*asterisk\* should be given particular attention to accuracy and legibility.*

### SECTION A: PERSONAL INFORMATION

1. \*FULL NAME: \_\_\_\_\_
2. \*PLACE AND DATE OF BIRTH: \_\_\_\_\_
3. NATIONALITY: \_\_\_\_\_
4. ADDRESS: \_\_\_\_\_
5. \*PHONE NUMBER/S: \_\_\_\_\_
6. \*SOCIAL SECURITY NO: \_\_\_\_\_ 6. GENDER: \_\_\_\_\_
7. CIVIL STATUS:
  - i. Married  Single  Other  (\_\_\_\_\_)Number of children (or dependents): \_\_\_\_\_

### SECTION B: ACADEMIC HISTORY

- i. *Kindly list all schools attended to date, starting with the earliest and ending with the most recent making sure to include the name of the degree achieved (if any) and in what area of study it was awarded.*

Name of Institution	Start Date	End Date	Certificate Awarded






ii. Please list all memberships held in clubs, societies, teams etc. whether school based otherwise:

Name of Club/Society/Team	Position Held	Period of Membership

**SECTION F: PERSONAL STATEMENT:**

I. Please give a statement of no more than three hundred words explaining your choice of study and its potential benefits to Belize. *(Please type or hand write clearly on separate sheet of paper and attach to application form)*

**SECTION G: FINANCIAL STATEMENT:**

i. Please list below name, occupation and approximated annual salary of Mother and Father or Guardian or Spouse as applicable:

1. Mother's  
Name: \_\_\_\_\_

Occupation and Position  
Held: \_\_\_\_\_

Annual  
Salary/Income: \_\_\_\_\_

2. Father's  
Name: \_\_\_\_\_

Occupation and Position  
Held: \_\_\_\_\_

Annual  
Salary/Income: \_\_\_\_\_

3. Guardian/Spouse's  
Name: \_\_\_\_\_

Occupation and Position  
Held: \_\_\_\_\_

Annual  
Salary/Income: \_\_\_\_\_

**SECTION H: REFERENCES:**

*1. Name and address of persons from whom testimonials are attached hereto (Original testimonials only):*

1. Name: \_\_\_\_\_  
—

Occupation and Position  
Held: \_\_\_\_\_

Address and Contact  
No: \_\_\_\_\_

Relationship to  
student: \_\_\_\_\_

2. Name: \_\_\_\_\_  
—

Occupation and Position  
Held: \_\_\_\_\_

Address and Contact  
No: \_\_\_\_\_

Relationship to  
student: \_\_\_\_\_

**SECTION I: DECLARATION:**

I \_\_\_\_\_  
*(Last Name, First Name, Middle Name)*

of \_\_\_\_\_, Belize,  
*(Most Current Address)*

Hereby give notice that I am a candidate for the MoE- MoH Nursing Scholarship Programme for the year 2019 and I further hereby certify that the under-mentioned particulars regarding myself and my parents are true and correct.

\_\_\_\_\_  
*(Candidate's Signature)*

\_\_\_\_\_  
*(Date)*

**APPLICATION SHOULD BE ACCOMPANIED BY:**

- Two (2) passport size pictures
- Letter of Acceptance from the University of Belize
- Copy of Identification (Social Security card or Passport)
- Police Record
- Transcript from most recent Institution
- Two (2) Letters of Reference
- Essay not more than 500 words why you want to join the nursing profession
- Authenticate copy of certificates