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HEALTH SCHOLARSHIP APPLICATION

SECTION A – APPLICANT INFORMATION

1. Name of Applicant: _____
Surname Christian Middle Initial
2. Mailing Address: _____

3. Telephone No: _____ / _____ / _____
Home Mobile Email
4. Date of Birth: _____ / _____ / _____
Month Day Year
5. TRN: _____ NIS _____

SECTION B – DETAILS OF PROGRAMME

1. Name of Institution/Institution currently enrolled in _____
2. Course of Study: Undergraduate Postgraduate
3. Area of Study: _____ Duration of Study _____
4. Current Year: 1st 2nd 3rd 4th 5th N/A
5. Status: Part-time Full-time
6. Have you previously been awarded a scholarship/grant from the CHASE Fund for any course of study, if yes, please provide details:

7. If currently enrolled in an institution, how do you presently support your expenses:
 Student Loan Bursary Parental Support Self-financed
 Other (please state) _____

SECTION F- PERSONAL STATEMENT

2. On a separate attachment, in at least 200 words, write your reasons for applying for the programme, and the benefits you hope to gain from successful training.

I _____ hereby certify that the information given is accurate to the best of my knowledge. I am aware that I will be bonded for a period as specified by the Ministry of Finance (MOF).

Applicant's Signature

Date

Application Checklist

In order to expedite your application, please ensure the following checklist is complete, prior to the submission of your application

1. 1 Passport Photograph
2. Acceptance letter
3. Two recommendations
4. Transcript (where applicable)
5. MOH endorsement (if employed to public sector)
6. Financial statement/invoice from school (should bear stamp, GCT# of school)

OFFICIAL USE ONLY

Application accepted: Yes No

Date Received: _____

Scholarship Recommended : Yes No

Scholarship Awarded: Yes Period: _____

Interview Assessment:

Signatures:

CHASE Fund

Date

CHASE Fund

Date