



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 Programme: _____
4. Current Year: 1st 2nd 3rd 4th 5th N/A
5. Status: Part-time Full-time
6. Programme Cost: Tuition: _____ Other: _____
7. Amount Requested: _____
8. Have you previously been awarded a scholarship/grant from the CHASE Fund for any course of study, if yes, please provide details:

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

SECTION C – EDUCATION

1. Please give details of your undergraduate qualifications and attach transcripts giving subject details and results.

Institution	Course	Level of Qualification Obtained	Duration of Study

2. List any positions or offices held during your educational or professional career:

3. List any clubs/societies that you have been a part of during your educational or Professional career:

4. Have you participated in any voluntary/community service? Yes No

If yes, provide details _____

SECTION D - EMPLOYMENT DETAILS

1. Name of Employer: _____

2. Address: _____

- 3 Telephone No: _____ / _____ / _____
Work Fax

4. How long have you been employed in your current position: _____

SECTION E - REFERENCES

1. List the names of **TWO** references (include one from employer if currently employed):

Name: _____ Name: _____

Position: _____ Position: _____

Address: _____ Address: _____

Tel: _____ Tel: _____

SECTION F- PERSONAL STATEMENT

1. 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 and the Public Service (MOFPS).

Applicant's Signature

Date

Application Checklist

In order to expedite your application, please ensure that the following supporting documents are attached 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)
7. Personal Statement

**Please complete and submit along with the required documents to the following e-mail:
health@chase.org.jm**

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