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# HEALTH SCHOLARSHIP APPLICATION FORM

## SECTION A – APPLICANT INFORMATION

- Name of Applicant: \_\_\_\_\_  
Surname Christian Middle Initial
- Mailing Address: \_\_\_\_\_  
\_\_\_\_\_
- Telephone No: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Home Mobile Email
- Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Day Month Year
- TRN: \_\_\_\_\_ NIS \_\_\_\_\_

## SECTION B – DETAILS OF PROGRAMME

- Name of Institution/Institution currently enrolled in \_\_\_\_\_
- Level of Study:  Undergraduate  Postgraduate
- Programme Title: \_\_\_\_\_ Duration of Programme: \_\_\_\_\_
- Mode of Study: Part-time  Full-time  Other
- Current Status: Letter of Acceptance  1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>  4<sup>th</sup>  5<sup>th</sup>  N/A
- Programme Cost (per year): Tuition: \_\_\_\_\_ Other: \_\_\_\_\_
- Amount Requested: \_\_\_\_\_
- Have you previously been awarded a scholarship/grant from the CHASE Fund for any course of study, if yes, please provide details:  
\_\_\_\_\_  
\_\_\_\_\_
- 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. MOHW endorsement (if employed to public sector)
6. Financial statement/invoice from school
7. Personal Statement

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

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**OFFICIAL USE ONLY**

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**Application accepted:**            **Yes**                 **No**    

**Date Received:** \_\_\_\_\_

**Scholarship Recommended :**    **Yes**                 **No**    

**Scholarship Awarded:**        **Yes**         **Period:** \_\_\_\_\_

**Interview Assessment:**

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**Signatures:**

\_\_\_\_\_

**CHASE Fund**

\_\_\_\_\_

**Date**