



**MINISTRY OF EDUCATION AND MINISTRY OF HEALTH & WELLNESS**  
**Application for Bachelor Degree in Nursing Scholarship Program**  
**2022-2023**

**Complete form in BLOCK LETTERS. All sections should be filled in and required documentation attached to this form. Kindly ensure that the writing is legible and in black or blue ink.**

**SECTION A: PERSONAL INFORMATION**

1. FULL NAME: \_\_\_\_\_
2. PLACE OF BIRTH: \_\_\_\_\_
3. DATE OF BIRTH: \_\_\_\_\_
4. NATIONALITY: \_\_\_\_\_
5. ADDRESS: \_\_\_\_\_
6. PHONE NUMBER: \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_
7. SOCIAL SECURITY NO: \_\_\_\_\_ GENDER \_\_\_\_\_
8. CIVIL STATUS:
  - a. MARRIED \_\_\_\_\_ SINGLE \_\_\_\_\_ OTHER \_\_\_\_\_
  - b. NUMBER OF CHILDREN OR DEPENDENTS \_\_\_\_\_

**SECTION B: ACADEMIC HISTORY**

1. Kindly list all schools attended to date and name of degree achieved (if any) and in what area of study it was awarded.

Name of Institution	Start Date	End Date	Certificate Awarded


2. Public examination taken and passes; with names of subjects and grades or mark obtained in each subject. Date should be quoted and result stated (if known).

<b>Name of Examination</b>	<b>Date Taken</b>	<b>Grade/Mark Received</b>

3. Please list all awards (academic or otherwise) according to date, beginning with the earliest and ending with the most recent. Be sure to include all details of said award as required.

<b>Awarding Institution</b>	<b>Name of Specifics of Award</b>	<b>Date Awarded</b>

**SECTION C: EMPLOYMENT HISTORY AND EXPERIENCE**

1. Kindly list in order of earliest to recent all employment held along with dates and details of duties.

<b>Name of Employer or Company</b>	<b>Position Held</b>	<b>Duties Performed</b>	<b>Start and End Dates</b>	<b>Reason for Leaving</b>

**SECTION D: FINANCIAL STATEMENT**

1. Mother's Name: \_\_\_\_\_
  - a. Occupation and Position Held: \_\_\_\_\_
  - b. Annual Salary/Income: \_\_\_\_\_
  
2. Father's Name: \_\_\_\_\_
  - a. Occupation and Position Held: \_\_\_\_\_
  - b. Annual Salary/Income: \_\_\_\_\_
  
3. Guardian/Spouse's Name: \_\_\_\_\_
  - a. Occupation and Position Held: \_\_\_\_\_
  - b. Annual Salary/Income: \_\_\_\_\_

**SECTION E: PERSONAL STATEMENT**

1. Please give a statement of no more than three hundred words explaining your choice of study and its benefits to Belize.

**SECTION F: REFERENCES**

1. Name: \_\_\_\_\_
  - a. Occupation and Position Held: \_\_\_\_\_
  - b. Address and Contact No.: \_\_\_\_\_
  - c. Relationship to student: \_\_\_\_\_
  
2. Name: \_\_\_\_\_
  - a. Occupation and Position Held: \_\_\_\_\_
  - b. Address and Contact No.: \_\_\_\_\_
  - c. Relationship to student: \_\_\_\_\_

**SECTION G: DECLARATION**

I \_\_\_\_\_ of \_\_\_\_\_ Belize,

Hereby give notice that I am a candidate for the Ministry of Health and Wellness Scholarship Programme for the year 2021 and I further hereby certify that the under mentioned particulars regarding myself and my parents are true and correct.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**APPLICATION SHOULD BE ACCOMPANIED BY:**

1. Copy of valid Social Security Card or Passport
2. Acceptance letter from the University of Belize
3. Transcript and certificates from most recent Institution
4. Two (2) Letter of Reference (Teacher or Employer)
5. Police Record
6. Two (2) passport size pictures
7. Authenticate copy of certificates
8. Essay not more than 500 words why you want to join the nursing profession