# Ministry of Health & Wellness
## Application for Practical Nurse 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 it 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.

| Name of Previous Educational Institution | Date of Completion | Certification Received |
|---|---|---|
|  |  |  |
|  |  |  |
|  |  |  |

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).

| NAME OF EXAMINATION | DATE TAKEN | GRADE/MARK RECEIVED |
|---|---|---|
|  |  |  |
|  |  |  |
|  |  |  |

## SECTION C: 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 D: 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 E: 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 E: 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: _____

## COPIES OF THE FOLLOWING MUST BE SUBMITTED:

1. Valid Social Security Card                 2. Acceptance letter from the University of Belize
3. Transcript and certificates          4.  Recommendation (Teacher or Employer)

5. Police Record                              6. Two (2) passport size pictures