



MINISTRY OF EDUCATION, YOUTH, SPORTS & CULTURE

CUBA SCHOLARSHIP – BACHELORS IN PEDAGOGY 2017

APPLICATION INSTRUCTIONS SHEET

Completed application packages must be **hand-delivered** to the office of Tertiary and Post-Secondary Education Services no later than, **August 4, 2017** and should be addressed to:

**Director,
Tertiary and Post-Secondary Education Services
Ministry of Education, West Block,**

- i. Personal statement signed by applicant
- ii. At least two sealed testimonials by persons sufficiently familiar with applicant to comment on fitness of academic preparation and personal character for pursuit of studies
- iii. A passport-sized photograph (affixed in the upper right corner)
- iv. Copies of TD4 statements of parents or guardians
- v. Copies of recent electricity and water bills

For authentication follow the guidelines below and ensure that the authentication is completed well in advance of the submission deadline since the process can be time-consuming and **late applications will NOT BE ACCEPTED.**

- Birth certificate and Police Record need to be taken to Ministry of Foreign Affairs, NEMO Bldg. Second Floor for authentication
- Copy of passport data page or nationality certificate needs to be taken to the immigration office for authentication.

Name in Full: _____ Current Address: _____

Contact #(s) _____ E-mail address: _____



MINISTRY OF EDUCATION, YOUTH, SPORTS & CULTURE

CUBA SCHOLARSHIP – PEDAGOGY 2017

Complete this application form in **BLOCK LETTERS**. All sections should be filled in and all required documentation (detailed in the Application Instructions Sheet) attached to this form. Kindly ensure that writing is legible and in black or blue ink. The complete application package must be submitted on or before **August 4, 2017**.

SECTION A: PERSONAL INFORMATION (PLEASE PRINT)

Last name	First Name	Middle Name

Date of Birth (day/month/year)	Place of Birth	Social Security Number

Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Citizenship	<input type="checkbox"/> Belizean <input type="checkbox"/> Permanent Resident since (/ /) (day/month/year)

Address/Telephone Number		
No. & Street		
City, Town or Village		
District		
Telephone Number	Home:	Cell Phone:

SECTION B: CIVIL STATUS

<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Other (_____)

SECTION C: ACADEMIC HISTORY

Kindly list all schools attended to date, starting with the earliest and ending with the most recent making sure to include the name of the degree achieved (if any) and in what area of study it was awarded. Include any course of studies currently being pursued and submit official transcripts of grades for all post-primary courses of study.

Name of Institution	Start Date	End Date	Certificate, Diploma, Degree Awarded

Name in Full: _____ Current Address: _____

Contact #(s) _____ E-mail address: _____

- ii. Please list all memberships held in clubs, societies, teams or community service whether school based or otherwise:

Name of Club/Society/Team	Position Held	Period of Membership

- iii. Have you ever been awarded a scholarship through the Ministry of Education or Government of Belize? If yes please explain below:

SECTION E: EMPLOYMENT HISTORY AND EXPERIENCE:

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

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

SECTION F: INTENDED PROGRAM OF STUDY

Indicate which of the following areas of study you would like to pursue.

- Pedagogy in Biology/Chemistry
- Pedagogy in Mathematics/Physics

SECTION G: PERSONAL STATEMENT:

In evaluating your application it is important that we have an idea of your own sense of goals, both specific and general, and of your background. Please discuss these in a personal statement of about three hundred words and attach it to this form. In composing this statement please pay particular attention to the following.

- Briefly discuss your educational objectives and personal and career goals.
- Describe and explain your background and indicate how it has led to your goals and interests. Be sure to note any special skills or experiences that you feel are relevant.

Name in Full: _____ Current Address: _____

Contact #(s) _____ E-mail address: _____

SECTION H: FINANCIAL STATEMENT:

- i. Please list below name, occupation and approximated annual salary of Mother and Father or Guardian or Spouse as applicable:

A. MOTHER INFORMATION (PLEASE PRINT)

Last name	First Name	Middle Name

Place of Birth	Social Security Number	<input type="checkbox"/> Living <input type="checkbox"/> Deceased

Address/Telephone Number	
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No. & Street	
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City, Town or Village	
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District	
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Telephone Number	Home:	Cell Phone:
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Email address	
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Total Annual Income (<i>Attach TD4 slip or proof of income where possible</i>)	\$ _____
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Type of Employment				
Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>	Seasonal <input type="checkbox"/>	Self Employed <input type="checkbox"/>	Unemployed <input type="checkbox"/>

Employer's Address/Telephone Number	
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No. & Street	
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City, Town or Village	
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District	
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Telephone Number	Home:	Cell Phone:
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B. FATHER INFORMATION (PLEASE PRINT)

Last name	First Name	Middle Name

Place of Birth	Social Security Number	<input type="checkbox"/> Living <input type="checkbox"/> Deceased

Address/Telephone Number	
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No. & Street	
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City, Town or Village	
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District	
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Telephone Number	Home:	Cell Phone:
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Email address	
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Total Annual Income (<i>Attach TD4 slip or proof of income where possible</i>)	\$ _____
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Type of Employment				
Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>	Seasonal <input type="checkbox"/>	Self Employed <input type="checkbox"/>	Unemployed <input type="checkbox"/>

Employer's Address/Telephone Number	
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No. & Street	
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City, Town or Village	
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Name in Full: _____ Current Address: _____

Contact #(s) _____ E-mail address: _____

District		
Telephone Number	Home:	Cell Phone:

C. GUARDIAN INFORMATION (if student is not living with parents)

Last name	First Name	Middle Name
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Place of Birth	Social Security Number	Relation to Students
Address/Telephone Number		
No. & Street		
City, Town or Village		
District		
Telephone Number	Home:	Cell Phone:
Email address		

Total Annual Income (<i>Attach TD4 slip or proof of income where possible</i>)	\$ _____
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Type of Employment				
Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>	Seasonal <input type="checkbox"/>	Self Employed <input type="checkbox"/>	Unemployed <input type="checkbox"/>

Employer's Address/Telephone Number		
No. & Street		
City, Town or Village		
District		
Telephone Number	Home:	Cell Phone:

DEPENDENTS IN HOUSEHOLD

Kindly complete the table below by providing the names of family members in the household. Dependents are considered to be persons under 21, over 65, or disabled living in the household where the applicant resides. List below all dependents, including the applicant, in the space below:

Name	Relationship	Age	School Attending (if applicable) and/or comments
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

ii. (*If applicable*) What arrangements will you make to support your dependents while you are away? _____

Remember to submit TD4 or other proof of income and recent electricity and water bills as a part of the material to be evaluated in this section.

Name in Full: _____ Current Address: _____

Contact #(s) _____ E-mail address: _____

SECTION I: REFERENCES:

List below the name and address of *at least two persons* from whom testimonials are attached hereto (Original testimonials only). Your references should be from persons who know you sufficiently to clearly be in a position to attest to the fitness of your academic preparation and personal character for pursuit of studies in your chosen field.

1. Name: _____

Occupation and Position Held:

Address and Contact No: _____

Relationship to student: _____

2. Name: _____

Occupation and Position Held:

Address and Contact No: _____

Relationship to student: _____

3. Name: _____

Occupation and Position Held:

Address and Contact No: _____

Relationship to student: _____

SECTION J: DECLARATION:

I _____
(Last Name, First Name, Middle Name)

of _____, Belize,
(Most Current Address)

hereby give notice that I am a candidate for The Cuban Scholarship Programme for the year 2017 and I further hereby certify that the afore-mentioned particulars regarding myself and my parents are true and correct.