



STEM-HIHB PARTIAL SCHOLARSHIP APPLICATION FORM

Date:	
Former Institution:	РНОТС
A. General information:	
1) Full names:	
2) Date of Birth:	
3) Trade: Technical	
4) Series/ specialty:	
5) Are you the first to attend university in your family Yes o o	
6) How did you hear about our scholarship	
7) Has anyone in your family received a scholarship from STEM-HII	łВ
B. Contact Information:	
1) Present Address:	
2) Region of Origin:Town:	
3) Family Phone Number: Email (if any):	
4) Permanent Address:	
Town quarter:	

C. **Family Information:** please list all family members residing in your home. Including aunts, uncles, grandparents, etc.

Name	Relation	Age	Level of education	Occupation

D. **Program of Interest:** Please circle at least two programs you may be interest in (first and second choice).

School of Health	School of Business	School of Education
Nursing	Accountancy	Didactics
Midwifery	Banking & Finance	Curriculum Development &
		Teaching
Medical Laboratory	Marketing	Special Education
Technology		
Physiotherapy	Insurance	Distance and continuing learning
Nutrition & Dietetics	Management	Andragogy
Pharmacy Technology	Transport & Logistic	Vocational Guidance &
		Counseling

DECLARATION

Ι,	hereby declare that the			
information provided above is true and correct. If only information is found to be				
falsified, my name will be removed from the STEM-HIHB scholarship program and				
legal action may be taken if necessary.				
Signature of Parents/Guardian	Signature of student			
Date:	Date:			
Place:				
Document to be attached with application form:				
1. Four passport size photographs				

- 2. Photocopy of National Identity card
- 3. A copy of A/L and O/L result slips
- 4. A letter addressed to the director of STEM-HIHB given your main reasons for applying for this scholar chips