

**HIGHER INSTITUTE OF HEALTH AND BUSINESS**

Bonaberi Douala – Cameroon

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**STEM-HIHB COMPLETE SCHOLARSHIP APPLICATION FORM**

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

PHOTO

Former Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **General information:**

1. Full names:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Date of Birth :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Trade: Technical Sciences Arts commercial
4. Series:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Are you the first to attend university in your family Yes No
6. How did you hear about our scholarship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. Has anyone in your family received a scholarship from **STEM-HIHB**
8. **Contact Information:**
9. Present Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Region of Origin:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Town:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Family Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email (if any): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Permanent Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Region \_\_\_\_\_\_\_\_\_\_ Town \_\_\_\_\_\_\_\_\_\_\_\_ quarter: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. **Family Information:** please list all family members residing in your home. Including aunts, uncles, grandparents, etc.

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| --- | --- | --- | --- | --- | --- |
| **s/n** | **Name** | **Relation** | **Age** | **Level of education** | **Occupation** |
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1. **Program of Interest:** Please **tick** at least two programs you may be interest in (first and second choice).

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

**DECLARATION**

I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby declare that the information provided above is true and correct. If any 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. Statement of need and goals: please write a **one page essay** explaining your reasons for applying for this scholarships, and mention the following topics in your discussion;

* Your personal circumstances related to your need for a complete scholarships to complete your academic programs
* Your academic and career goals
* Your high school series or trade and how it relates to your future plans.
* Your contribution to the school and community after completing your program.