

**HIGHER INSTITUTE OF HEALTH AND BUSINESS**

Bonaberi Douala – Cameroon

Web site: [www.uihbtedu.com](http://www.uihbtedu.com) - Email: mericuihbt2019@gmail.com

Infoline: +237 678 92 47 46 / 671 17 75 52

**STEM-HIHB PARTIAL 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/ specialty:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Relation** | **Age** | **Level of education** | **Occupation** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

1. **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 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 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