



## ARIEL ROSADO FOUNDATION (ARF)

Saniyya Rosado Athletic Scholarship Application Form (Date \_\_\_\_\_)

**NB: ARF University Scholarships are currently only tenable at Galen University in Belize.**

### This application must include the following:

1. Institutional Letter of Acceptance
2. Copies of Relevant TD4/Income Statements
3. Applicant's Statement Demonstrating Financial Need

Please write clearly in **BLOCK LETTERS** in pen.

### Personal Data

Name: \_\_\_\_\_  
Last name/Family name/Surname      First Name      Middle name      Suffix (Jr., III, etc.)

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_      Sex: \_\_\_\_\_  
Day      Month      Year      Male/Female

Citizenship: \_\_\_\_\_      Social Security number: \_\_\_\_\_  
(e.g. Belizean)      Print number on your Belize Social Security Card

Permanent Home address:

\_\_\_\_\_  
Number and street name Village/City/Town District  
Telephone Number: \_\_\_\_\_      Cell Number: \_\_\_\_\_      Email address: \_\_\_\_\_  
(If none, Leave Blank)      (If none, Leave Blank)      (If none, Leave Blank)

### Household

Who is the head of your permanent home?

Self      Parent(s)      Legal Guardian      Spouse      Other

Number of people in household: \_\_\_\_\_

### Household Income earner 1

Name: \_\_\_\_\_  
Last name/ Family name/ Surname      First name      Middle name

Telephone Number: \_\_\_\_\_      Cell Number: \_\_\_\_\_      Email address: \_\_\_\_\_  
(If none, Leave Blank)      (If none, Leave Blank)      (If none, Leave Blank)

Occupation \_\_\_\_\_      Full Time      Part Time

Name of employer \_\_\_\_\_      Monthly Salary \_\_\_\_\_

## Household Income Earner 2

Name: \_\_\_\_\_  
Last name/ Family name/ Surname      First name      Middle name      Suffix (Jr., III, etc.)

Telephone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Occupation \_\_\_\_\_ Full Time      Part Time

Name of Employer \_\_\_\_\_ Monthly Salary \_\_\_\_\_

### Athletic Record

Athletic Pursuits:

1. Sport(s) \_\_\_\_\_
2. Major Athletic Accomplishments \_\_\_\_\_
3. Future Athletic Goals and Aspirations \_\_\_\_\_

### Educational Particulars

I am currently attending:      High School      Tertiary Institution

Name of current school: \_\_\_\_\_

Entry date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Graduation Date (if you are still in Standard 6, put expected graduation date): \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Day      Month      Year      Day      Month      Year

Address of current school: \_\_\_\_\_  
Number and street name Village/City/Town District

School Administrator's Name: Mr./Mrs./Ms. \_\_\_\_\_  
Last name/ Family name/ Surname      First name

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_ Email address: \_\_\_\_\_

### Scholarship Details

I have been accepted into :  
Galen University      Program \_\_\_\_\_

*If you are in high school, please include your most recent High School transcript with this application form.*

### Signature

*I certify that all information submitted in the admission process is my own work, true, and honestly presented. I understand that my application may be dismissed should the information be false or incomplete. I also certify that all necessary documents are attached.*

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Day      Month      Year

### For Official Use Only

Date Application Received: \_\_\_\_\_ Received By: \_\_\_\_\_

### Checklist of Documents:

1. Institutional Letter of Acceptance into Galen Program
2. Copies of Relevant TD4/Income Statements
3. Applicant's Statement Demonstrating Financial Need

Send completed Application Forms to [ariel.memorial@gmail.com](mailto:ariel.memorial@gmail.com) OR hand deliver or mail all applications to:

The President, Ariel Rosado Foundation, 967 Ariel Rosado Avenue,  
Mile 3 Phillip Goldson Highway, Belize City, BELIZE.

\*Deadline for receipt of Application is the second Friday in June of the applicable year.