



UNIVERSITY ACADEMIC SCHOLARSHIP APPLICATION FORM

Date: ____ / ____ / ____

NB: ARF University Scholarships are currently only tenable at Galen University

This application must include the following:

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

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: _____
DD / MM / YYYY 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

With whom do you make your permanent home?
 Both Parents Mother Father Legal Guardian Spouse Other

Number of people in household: _____

HOUSEHOLD INCOME EARNER 1

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

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: _____
(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 3

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

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: _____

EDUCATIONAL PARTICULARS

I am currently attending: High School Tertiary Institution

Name of Current School: _____

Entry Date: ____/____/____ Graduation Date: (If you are still in Std. 6, put expected graduation date) ____/____/____
DD / MM / YYYY DD / MM / YYYY

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: _____
(If none, Leave Blank) (If none, Leave Blank) (If none, Leave Blank)

SCHOLARSHIP DETAILS

I have been accepted into: Galen University Program _____

UWI Open Campus, Belize 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: ____/____/____
DD / MM / YYYY

For Official Use Only

Date Application Received: ____/____/____
DD / MM / YYYY

Received By: _____

Checklist of Documents:

- 1. Institutional Letter Of Acceptance Into Program
- 2. Copies of Relevant TD4/Income Statements
- 3. Applicant's Statement Demonstrating Financial Need
- 4. The Applicant's Athletic Resume

Send completed Application Forms to 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.**