

Associate Tuition Scholarship 2019 Application Form The Associate Scholarship covers tuition only

FULL NAME:	Mr.	Mrs.	Miss	
 First		Middle		Last
DATE OF BIRTH: D	D	MM	YR	
HOME ADDRESS:				
EMAIL:				
CONTACT NUMBER(5): (H)	(C)		(W)
PERSON TO CONTAC	T IN CASE OF EN	IERGENCY:		
Name:				
Address:				
Contact Number(s):				
Relationship to you:				_

PROFESSIONAL DATA:

7. Please list the certificates and diplomas which you have received (Start with the most recent). **Be sure to submit copies of ALL, inclusive of any awards received.**

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8. Membership in any professional or civic associations	
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9. Employment/Intern/Volunteer History: (if applicable, include name title, duration of employment – starting with the most recent).	and location of company, job
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10. Please submit a copy of the following items along with your application:

- Certified copy of High School Diploma
- > ONE official transcript from the High School attended
- > Birth certificate or any other proof of Belizean citizenship
- > **<u>TWO</u>** completed BTB Scholarship Recommendation Forms
- > A page which describes your career goals and aspirations
- > Your 2018 acceptance letter into the Tourism Program

* Deadline for submission of documents is Friday, June 14th, 2019



Scholarship Recommendation Form

Recommender Information
Name: Email:
Phone: Position:
Name of organization:
1. How long have you known the applicant and in what capacity?
2. What do you consider to be the applicant's strengths or talents?
3. What do you consider to be the applicant's weaknesses?
4. What are your general comments of the applicant's overall performance? Please identify academic or work related problems which needed attention in the applicant's personal development. (Please answer on next page.)
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Skills and Attributes	Strength	Acceptable	Weakness
Acceptance of responsibility	[]	[]	[]
Acceptance of suggestions and criticism	[]	[]	[]
Assertiveness	[]	[]	[]
Attention to duty	[]	[]	[]
Creativity	[]	[]	[]
Attendance and Punctuality	[]	[]	[]
Recognition of need for help	[]	[]	[]
Self confidence	[]	[]	[]
Speed of work	[]	[]	[]
Accuracy of work	[]	[]	[]
Technical knowledge	[]	[]	[]
Communication Skills (Verbal)	[]	[]	[]
Communication Skills (Written)	[]	[]	[]
Ability to take the initiative	[]	[]	[]
Organization and planning	[]	[]	[]
Ability to learn	[]	[]	[]
Judgment	[]	[]	[]
Dependability	[]	[]	[]
Leadership skills	[]	[]	[]
Adaptation to rules and policies	[]	[]	[]

Please give us your appraisal of the applicant in terms of the qualities listed below.

In summary, I (Please check one.)

 \Box strongly recommend \Box recommend with some reservations \Box do not recommend

Signature	of	Recommender:
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Date:



Scholarship Recommendation Form

Recommender Inform	ation	
Name:	Email:	
Phone:	Position:	
Name of organization:_		
1. How long have you	known the applicant and in what capacity?	
2. What do you consid	er to be the applicant's strengths or talents?	
3. What do you consid	er to be the applicant's weaknesses?	
	ral comments of the applicant's overall performance	
	work related problems which needed attention in the . (Please answer on next page.)	applicant's

Skills and Attributes	Strength	Acceptable	Weakness
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Assertiveness	[]	[]	[]
Attention to duty	[]	[]	[]
Creativity	[]	[]	[]
Attendance and Punctuality	[]	[]	[]
Recognition of need for help	[]	[]	[]
Self confidence	[]	[]	[]
Speed of work	[]	[]	[]
Accuracy of work	[]	[]	[]
Technical knowledge	[]	[]	[]
Communication Skills (Verbal)	[]	[]	[]
Communication Skills (Written)	[]	[]	[]
Ability to take the initiative	[]	[]	[]
Organization and planning	[]	[]	[]
Ability to learn	[]	[]	[]
Judgment	[]	[]	[]
Dependability	[]	[]	[]
Leadership skills	[]	[]	[]
Adaptation to rules and policies	[]	[]	[]

Please give us your appraisal of the applicant in terms of the qualities listed below.

In summary, I (Please check one.)

 \square strongly recommend \square recommend with some reservations \square do not recommend

Signature	of	Recommender:
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Date: