



Ministry of Education, Youth, Sports & Culture

CUBA-BELIZE SCHOLARSHIP PROGRAM Scholarships for Medicine and Health Technology

The Government of the Republic of Cuba, under the Belize/Cuba Government Scholarship Programme, is once again awarding scholarships to the Government of Belize. The scholarships will allow qualifying Belizean students to study in Cuba to earn degrees in the following areas:

- **Medicine**
- **Health Technology**

Students interested in Health Technology must choose one of the following areas:

- Clinical Bioanalysis
- Hygiene and Epidemiology
- Imaginology and Medical Radiophysics
- Phonoaudiology
- Nutrition
- Health Rehabilitation
- Health Information System

Tenure of Scholarships

The Scholarship is normally for the duration of the programme of studies and requires the scholarship holder to maintain above average passing grades in the chosen area of study. The Scholarships become tenable in August 2018.

Eligibility

Applicants must:

- 1) Be a citizen of Belize
- 2) Be between the ages of 18 and 25
- 3) Complete a Scholarship Application Form (**in duplicate**) which can be downloaded and printed from the website at www.moe.gov.bz or obtained at the office of the Ministry of Education in Belmopan or District Education offices in the six districts.
- 4) Present certified copies of all secondary (high school) and post-secondary (junior college and/or university) qualifications earned as well as transcripts of grades in all post-secondary courses being pursued.
- 7) Provide certified copies of CXC and/or other external examination results.
- 8) Provide 2 recent passport sized photographs. (One attached to each application).

The Ministry of Education, Youth, Sports and Culture has established a Selection Committee, on which it is joined by representatives of the Cuban Embassy in Belize, Ministry of Health, and the Ministry of Foreign Affairs. The Selection Committee will interview short-listed applicants.

Application

Applications packages can be downloaded and printed from www.moe.gov.bz. Packages are also available at District Education offices countrywide.

Completed application packages must be hand-delivered to the office of Tertiary and Post-Secondary Education Services no later than **May 17, 2018** and should be addressed to:

**Director,
Tertiary and Post-Secondary Education Services
Ministry of Education, West Block, Third Floor - Room 10
Belmopan**

Name in full: _____ Current Address: _____

Contact #: _____ E-mail Address: _____



Ministry of Education, Youth & Sports

Tertiary and Post-Secondary Education Services

West Block, Belmopan City, Belize C.A
Telephone No. 011 501 822 2329/2380/2698

Fax No. 822 3389

[E-mail – moeducation.moes@gmail.com](mailto:moeducation.moes@gmail.com)

CUBAN SCHOLARSHIP 2018 DOCUMENT CHECKLIST

- High School Diploma
- High School Transcript
- Post-Secondary Qualifications
- Post-Secondary Transcripts
- CSEC and/or CAPE Certificates
- Birth Certificate and/or Nationality Certificate
- Two (2) 1”X1” Passport Pictures
- Passport Data Page

Comments: _____

_____ Signature: _____

Please wait for confirmation of acceptance of the package from an officer of the Tertiary Unit before leaving the office.

Name in full: _____ Current Address: _____

Contact #: _____ E-mail Address: _____



MINISTRY OF EDUCATION, YOUTH, SPORTS & CULTURE

CUBA-BELIZE SCHOLARSHIP PROGRAM – SCHOLARSHIPS FOR MEDICINE AND HEALTH TECHNOLOGY 2018

APPLICATION INSTRUCTIONS SHEET

Completed application packages must be **hand-delivered** to the office of Tertiary and Post-Secondary Education Services no later than, **May 17, 2018** and should be addressed to:

**Director,
Tertiary and Post-Secondary Education Services
Ministry of Education, West Block, Third Floor - Room 10
Belmopan**

The application form must be **COMPLETED IN DUPLICATE**, with **EACH form** having the following attachments:

- i.* Academic transcripts (from high school and sixth form and junior college/university) *in sealed envelopes from granting institutions*
- ii.* Copies of degrees/diplomas (*certified by Justice of the Peace or Notary Public*)

Academic documents do NOT need to be authenticated by the Ministry of Education and Foreign Affairs at this stage of the process. Successful candidates will be required to have ORIGINALS of academic documents authenticated.

- iii.* Copies of external examination results (*certified by Justice of the Peace or Notary Public*)
- iv.* **Authenticated** copy of passport data page and birth certificate or nationality certificate.
- v.* Personal statement signed by applicant
- vi.* At least two sealed testimonials by persons sufficiently familiar with applicant to comment on fitness of academic preparation and personal character for pursuit of studies in chosen field.
- vii.* A passport-sized photograph affixed in the upper right corner of each copy of the application
- viii.* Copies of TD4 statements of parents or guardians
- ix.* Copies of recent electricity and water bills

For authentication follow the guidelines below and ensure that the authentication is completed well in advance of the submission deadline since the process can be time-consuming and **late applications will NOT BE ACCEPTED.**

- Birth certificate needs to be taken to Ministry of Foreign Affairs, NEMO Bldg. Second Floor for authentication
- Copy of passport data page or nationality certificate needs to be taken to the immigration office for authentication.

Name in full: _____ Current Address: _____

Contact #: _____ E-mail Address: _____



Place picture
here

MINISTRY OF EDUCATION, YOUTH, SPORTS & CULTURE

CUBA-BELIZE SCHOLARSHIP PROGRAM – SCHOLARSHIPS FOR MEDICINE AND HEALTH TECHNOLOGY 2018

Complete this application form in BLOCK LETTERS. All sections should be filled in and all required documentation (detailed in the Application Instructions Sheet) attached to this form. Kindly ensure that writing is legible and in black or blue ink. The complete application package must be submitted on or before **May 17, 2018**.

SECTION A: PERSONAL INFORMATION (PLEASE PRINT)

Last name	First Name	Middle Name

Date of Birth (day/month/year)	Place of Birth	Social Security Number

Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Nationality Document	<input type="checkbox"/> Passport <input type="checkbox"/> Nationality Certificate	
No.	Place of issue:	Date of issue:

Address/Telephone Number		
No. & Street		
City, Town or Village		
District		
Telephone Number	Home:	Cell Phone:

<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Other (_____)

SECTION B: INTENDED PROGRAM OF STUDY

Indicate which of the following areas of study you would like to pursue. Choose **ONE** only.

1. Medicine
2. Health Technology (Choose **1** of the following areas)
 - a) Clinical Bioanalysis
 - b) Hygiene and Epidemiology
 - c) Imaginology and Medical Radiophysics
 - d) Phonoaudiology
 - e) Nutrition
 - f) Health Rehabilitation
 - g) Health Information System

Name in full: _____ Current Address: _____

Contact #: _____ E-mail Address: _____

SECTION D: AWARDS, HONOURS AND EXTRA CURRICULAR ACTIVITIES:

- i. Please list all awards (academic or otherwise) according to date, beginning with the earliest and ending with the most recent. Be sure to include all details of said award as required.

Awarding Institution	Name or Specifics of Award	Date Awarded

- ii. Please list all memberships held in clubs, societies, teams or community service whether school based or otherwise:

Name of Club/Society/Team	Position Held	Period of Membership

- iii. Have you ever been awarded a scholarship through the Ministry of Education or Government of Belize? If yes, please explain below:

SECTION E: EMPLOYMENT HISTORY AND EXPERIENCE:

- i. Kindly list in order of earliest to recent all employment held along with dates and details of duties:

Name of Employer or Company	Position Held	Duties Performed	Start and End Dates	Reason for Leaving

Name in full: _____ Current Address: _____

Contact #: _____ E-mail Address: _____

SECTION F: PERSONAL STATEMENT:

In evaluating your application it is important that we have an idea of your own sense of goals, both specific and general, and of your background. Please discuss these in a personal statement of about three hundred words and attach it to this form. In composing this statement please pay particular attention to the following.

- Briefly discuss your educational objectives and your personal and career goals.
- Describe and explain your background and indicate how it has led to your goals and interests. Be sure to note any special skills or experiences that you feel are relevant.

SECTION G: FINANCIAL STATEMENT:

i. Please list below name, occupation and approximate annual salary of Mother and Father or Guardian or Spouse as applicable:

A. MOTHER INFORMATION (PLEASE PRINT)

Last name	First Name	Middle Name

Place of Birth	Social Security Number	<input type="checkbox"/> Living <input type="checkbox"/> Deceased
Address/Telephone Number		
No. & Street		
City, Town or Village		
District		
Telephone Number	Home:	Cell Phone:
Email address		

Total Annual Income (<i>Attach TD4 slip or proof of income where possible</i>)	\$ _____
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Type of Employment				
Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>	Seasonal <input type="checkbox"/>	Self Employed <input type="checkbox"/>	Unemployed <input type="checkbox"/>

Employer's Address/Telephone Number		
No. & Street		
City, Town or Village		
District		
Telephone Number	Home:	Cell Phone:

B. FATHER INFORMATION (PLEASE PRINT)

Last name	First Name	Middle Name

Place of Birth	Social Security Number	<input type="checkbox"/> Living <input type="checkbox"/> Deceased

Address/Telephone Number		
No. & Street		
City, Town or Village		
District		
Telephone Number	Home:	Cell Phone:
Email address		

Name in full: _____ Current Address: _____

Contact #: _____ E-mail Address: _____

Total Annual Income (<i>Attach TD4 slip or proof of income where possible</i>)	\$ _____
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Type of Employment				
Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>	Seasonal <input type="checkbox"/>	Self Employed <input type="checkbox"/>	Unemployed <input type="checkbox"/>

Employer's Address/Telephone Number		
No. & Street		
City, Town or Village		
District		
Telephone Number	Home: _____	Cell Phone: _____

C. GUARDIAN INFORMATION (if student is not living with parents)

Last name	First Name	Middle Name

Place of Birth	Social Security Number	Relation to Students
Address/Telephone Number		
No. & Street		
City, Town or Village		
District		
Telephone Number	Home: _____	Cell Phone: _____
Email address		

Total Annual Income (<i>Attach TD4 slip or proof of income where possible</i>)	\$ _____
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Type of Employment				
Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>	Seasonal <input type="checkbox"/>	Self Employed <input type="checkbox"/>	Unemployed <input type="checkbox"/>

Employer's Address/Telephone Number		
No. & Street		
City, Town or Village		
District		
Telephone Number	Home: _____	Cell Phone: _____

D. SPOUSE INFORMATION (if student is married)

Last name	First Name	Middle Name

Place of Birth	Social Security Number	Relation to Students
Address/Telephone Number		
No. & Street		
City, Town or Village		
District		
Telephone Number	Home: _____	Cell Phone: _____
Email address		

Total Annual Income (<i>Attach TD4 slip or proof of income where possible</i>)	\$ _____
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Name in full: _____ Current Address: _____

Contact #: _____ E-mail Address: _____

Type of Employment				
Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>	Seasonal <input type="checkbox"/>	Self Employed <input type="checkbox"/>	Unemployed <input type="checkbox"/>

Employer's Address/Telephone Number		
No. & Street		
City, Town or Village		
District		
Telephone Number	Home: _____	Cell Phone: _____

DEPENDENTS IN HOUSEHOLD

Kindly complete the table below by providing the names of family members in the household. Dependents are considered to be persons under 21, over 65, or disabled living in the household where the applicant resides. List below all dependents, including the applicant, in the space below:

Name	Relationship	Age	School Attending (if applicable)and/or comments
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

ii. (If applicable) What arrangements will you make to support your dependents while you are away? _____

Remember to submit TD4 or other proof of income and recent electricity and water bills as a part of the material to be evaluated in this section.

SECTION H: REFERENCES:

List below the name and address of *at least two persons* from whom testimonials are attached hereto (Original testimonials only). Your references should be from persons who know you sufficiently to clearly be in a position to attest to the fitness of your academic preparation and personal character for pursuit of studies in your chosen field.

1. Name: _____

Occupation and Position Held:

Address and Contact No:

Relationship to student:

Name in full: _____ Current Address: _____

Contact #: _____ E-mail Address: _____

2. Name: _____

Occupation and Position Held:

Address and Contact No:

Relationship to student:

3. Name: _____

Occupation and Position Held:

Address and Contact No:

Relationship to student:

SECTION I: DECLARATION:

I _____

(Last Name, First Name, Middle Name)

of _____, Belize,

(Most Current Address)

hereby give notice that I am a candidate for The Belize- Cuba Scholarship Programme for the year 2018 and I further hereby certify that the afore-mentioned particulars regarding myself and my parents are true and correct.