

CFC, INC Women in Healthcare Scholarship (West Africa)

IMPORTANT TO NOTE:

- I. Please note that submission of application for consideration under the CFC, INC Women in Healthcare Scholarship DOES NOT guarantee the applicant award of any scholarship or admission to any university. The Admission decision is entirely dependent on the Universities' Admission Boards.
- II. Applicants are responsible for 100% of the costs related to this application. CFC, INC Women in Healthcare Scholarship is not liable for any costs you will incur while applying for this scholarship.
- III. CFC, INC Women in Healthcare Scholarship DOES NOT charge any fees for this application neither has it contracted any company or agency or individual to undertake the application review process on its behalf. The application process for CFC, INC Women in Healthcare Scholarship is handled solely by CFC, INC office in New York, USA.
- IV. ONLY short listed candidates will be called for an interview after the deadline of this application.

PART II: APPLICANT'S DETAILS

I. Student's Information.

First Name: -----Middle Name: -----Surname:

Date of Birth: _____

Physical Address:

Country: _____ County (If applicable): _____ City/Town:

Telephone Number: _____

Alternative Tel. Number: _____

Email Address: _____

Name of High School: _____ Completion date:

WAEC Index Number: _____

WAEC Grade: _____

Desired course of study in College:

1st choice _____

2nd choice _____

Do you have a child? Yes [] No []. If YES, how old is the child?

II. Family Background.

Mother

Name: _____ Telephone no.

National I.D. _____

Living [] Deceased [] (If deceased please attach a copy of
death/burial certificate)

Marital Status: _____ Level of education

Occupation:

Father

Name: _____ Telephone no.

National I.D. _____

Living [] Deceased [] (If deceased please attach a copy of
death/burial certificate)

Marital Status: _____ Level of education

Occupation:

Guardian (If not living with parents):

Name: _____ Telephone no.

National I.D.

Marital Status: _____ Level of education

Occupation:

Sibling Information:

List all the applicant's brothers and sisters who are still in school and provide the details required below:

No	Full Name	Age	Name of School/College	Year in School	Fees per Year	Scholarships	Amount Parents pay
1							
2							
3							
4							
5							
6							
7							

III. Family Asset Information

a) Are your parents/guardians employed? [Yes] [No] (check one)

(If employed, give details of job and salary/per month. Attach pay slip). If your parents own a business, how much is the average monthly income? (Attach bank statement)

b) Does your family own land? Yes []
No [] If yes, what is it used for? _____

c) Does your family own a car? Yes [] No []

d) Has your family been affected by civil conflict or natural disasters such as displacement flooding, drought, fire, or famine? Describe:

e) Describe any other information you would like to provide under this section:

IV. DECLARATIONS

Applicant's Declaration:

I, _____, declare that the information given above is true to the best of my knowledge and I am aware that giving false representation will mean that my application will not be considered and will lead to automatic disqualification. I authorize SR. MARY ALICE ASCHENBACH Women in Healthcare Scholarship to obtain such additional information concerning my personal, academic and financial records needed to complete this application. I also authorize SR. MARY ALICE ASCHENBACH Women in Healthcare Scholarship to communicate and release information to others who are involved in making decisions relating to my educational plans including and not limited to my previous and future schools, referees named in this form, and the Ministry of Education, Science and Technology.

I, _____, understand that SR. MARY ALICE ASCHENBACH Women in Healthcare Scholarship reserves the right to take any necessary action it deems fit should any of the information above be found to be incorrect or falsified in any manner.

Signature: _____ Date: _____

Parents/Guardian's: Declaration

I confirm that the above information is true to the best of my knowledge, and I am aware that giving false representation in this application will lead to automatic disqualification. On behalf of my child, I authorize SR. MARY ALICE ASCHENBACH Women in Healthcare Scholarship to obtain additional information concerning the applicant's personal and academic records, as well as the family's financial records as needed to complete this application. I also authorize SR. MARY ALICE ASCHENBACH Women in Healthcare Scholarship to communicate and release information to others who are involved in making decisions relating to the applicant's personal and educational plans including and not limited to their previous and future schools, the family's financial background, as well as referees named in this form.

Parent/Guardian Name: _____ Date: _____

Signature: _____

V. References:

1. Referee (Religious leader):

Name: _____ Telephone: _____

Address: _____

For how long have you known the applicant? _____

Signature and Stamp _____

2. Referee (A person who knows you well but not a relative):

Name: _____ Email Address: _____

Telephone: _____ For how long have you known the Applicant? _____

PART III. Essay:

The three short answer essay questions below are intended to assess your demonstrated leadership, commitment to diversity, equity, and inclusion, and financial need. Each response to the three questions below should be 500 words or less.

1) Please give us one example of how you have exhibited leadership. Explain what you were trying to achieve, your role, how you influenced others, and the impact as a result of your actions. Think broadly and examine the many ways you are having an effect on the members of the different communities you are a part of. Keep in mind, the example you choose does not need to be a formal or traditional leadership role.

2) Describe any financial circumstances affecting your need for a scholarship. In your answer be sure to describe any obstacles you have overcome to get to where you are today. What goals will this scholarship enable you to accomplish?