SUMBAWANGA CATHOLIC DIOCESE
PREVENT AND CURE
ST. BAKHITA HEALTH TRAINING INSTITUTE

Principal's Office,
P.O.Box 117, Namanyere-Nkasi
Phone: +255-26-2830044
Email: stbakhitahti@gmail.com
Website: www.bakhita.ac.tz

ST. BAKHITA SCHOLARSHIP FUND GRANT APPLICATION FORM

Section 1: Application Information

Full name: ……

Date of Birth: ……

Gender: ☐ Male ☐ Female

Nationality: ……

Phone Number: ……

Email Address: ……

Home Address: ……

Guardian/Parent Name (if applicable) ……

Guardian/Parent Contact: ……

Section 2: Educational Background

Current Level of study: ☐ Certificate ☐ Diploma ☐ Other (Specify): ……

Institution Name: ……...

Enrollment Number (if applicable): ……...

Year of Study: ☐ First ☐ Second ☐ Third

Expected Graduation Date: ……..

Field of Study: ……

Section 3: Financial Information

Household Monthly Income (in TZS/USD): ……

Are you currently receiving any financial aid or sponsorship? ☐ Yes ☐ No

- If yes, specify the source and amount: ……

Do you have any outstanding tuition fees? ☐ Yes ☐ No

- If yes, state the amount: ……

Number of Dependent in Household: ……

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Attach a letter from your local leader

Section 4: Statement of Need

Explain why you are applying for this grant and how it will help you in your studies:

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Describe any personal or family challenges affecting your ability to pay tuition fees:

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Section 5: Academic and Extracurricular Involvement (*attach evidence*)

Are you involved in any extracurricular activities or community service? ☐ Yes ☐ No

- If yes, describe: ……

Have you received any academic awards or recognitions? ☐ Yes ☐ No

- If yes, list them: ……

Section 6: Commitment to Work with DHB

I understand that as a recipient of this scholarship, I am committed to working with the Diocese Health Board (DHB) upon completion of my studies for a period determined by the scholarship agreement.

Applicant's Signature: ……

Date: ……

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Section 7: Declaration and Signature

I certify that the information provided in this application is true and complete to the best of my knowledge. I understand that any false information may result in the rejection of my application.

Applicant's Signature: ……

Date: ……

(attach application letter)

For Official Use Only

Application Received By : ……...

Date Received: ……

Review Committee Decision: ☐ Approved ☐ Not Approved

Remarks: ……

Authorized Signature: ……

Date: ……...