

Principal's Office, blue st. bakhite

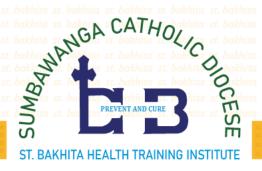
P.O.Box 117, Namanyere-Nkasi

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: 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 ex No | tracurricular activities or community service? — Yes — | |
| If yes, describe: | | |
| Have you received any ac | ademic 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 agreem | nent. | |
| Applicant's Signature: | | |
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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: |
| |

ST BAKHITA HEALTH TRAINING INSTITUTE