

THE MISSIONS FOR HEALTH (M4H) SCHOLARSHIP APPLICATION

This form must only be used to apply for the Missions for Health (M4H) Scholarship. This scholarship is endorsed by the Florida Chapter of the University of the West Indies Alumni association and is listed below. **Please complete all 5 pages of the application.**

Please put a check mark beside the Scholarship to confirm that you are applying for the M4H Scholarship:

Missions for Health M4H Scholarship []

The completed application should be sent by email to **florida@alumni.uwi.edu**

PLEASE COMPLETE ALL 5 PAGES OF THE APPLICATION

Name of Applicant:

Address of Applicant:

Telephone Number:

Email address:

High School Attended:

Years Attended:

High School Academic Achievement: (Examinations passed & Number of Subjects)

Program of Study at the University of the West Indies:

a. Faculty: _____

b. Year Admitted: _____

c. Degree Sought: _____

d. Current Overall GPA: _____

Grants, Scholarships & Other Financial Awards:

Involvement in the Community and High School Alumni Association:

Financial Statement showing Unmet Needs: (Dollar Value of Cost to attend UWI vs. Sources of income and support)

COST TO ATTEND UWI		INCOME	
Tuition		Scholarships	
Books		Work	
Rent		Family	
Total		Total	
Net Balance			

REFERENCES

Reference:

1. Name: _____

2. Address: _____

3. Telephone Number: _____

Reference:

1. Name: _____

2. Address: _____

3. Telephone Number: _____

Reference:

1. Name: _____

2. Address: _____

3. Telephone Number: _____

Important

- The application must be accompanied by a cover letter from the applicant that makes the case for the applicant's need for the scholarship and the applicant's plans after graduation.
- The successful applicant's TERM and OVERALL GPA at the time of applying for a scholarship must equal to or greater than 3.0 (\geq)
- The student must email an unofficial copy of their transcript to the scholarship committee at **florida@alumni.uwi.edu**
- The award may not be held jointly with any other scholarship or bursary where together the value exceeds the cost of tuition.

Disclaimer and Signature

I certify that my answers given in this application are true and complete to the best of my knowledge. I also understand that false or misleading information will result in my application's rejection. I give the scholarship committee the right to speak with any person listed in the application.

Signature:

Date:
