



CONCERNED BELIZEANS INC. Scholarship Application

Applicant Information

Name:		
Date of birth:	SSN:	Phone:
Current address:		
City/District:	Town:	Village:

Family Information

Name Mother:	Employed? Yes No
Name Father:	Employed? Yes No
Address:	Phone:
City:	Town:
Own Rent (Please circle)	# in Household:
Monthly payment or rent:	How long at address:

Current School

Name :		
Address:	Phone:	
City/District:	Grade:	Date of Graduation:
Name of Principal /Teacher:		

List personal care items, or school supplies that you will need to begin school

1.
2.
3.
4.
5.

Parent Employment Information

Mother employer Name:

Employer address:	How long?	
Phone:	E-mail:	Fax:
City/District:	Town:	ZIP Code:
Position:	Hourly Salary (Please circle)	Annual income:

Father employer Name:

Employer address:	How long?	
Phone:	E-mail:	Fax:
City/District:	Town:	ZIP Code:
Position:	Hourly Salary (Please circle)	Annual income:

**Have you been awarded any scholarships and/or financial assistances? If yes, state amount and source: Yes
NO**

List schools to which you have applied.

Name	Address	Phone

List Child's extra-curricular activities (sports, music, art etc)

How can a mentor best serve you during your course of study?

Attach Recommendations from: Teacher/Principal, Physician, Church Leaders

Signatures:

I authorize the verification of the information provided on this form. I have received a copy of this application.

Signature of applicant:	Date:
Signature of parent:	Date:

Mail this completed form to:

Concerned Belizeans Inc.

735 Broadway

North Chicago, IL, 60064.

Only one application per household may be submitted.

Applicants will be notified by mail or e-mail.