



**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:	# in Household:
Own Rent (Please circle)	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.**