University of Belize Phone: + (501) 822-1000 | 822-3680 Hummingbird Ave | City of Belmopan, Cayo [scholarships@ub.edu.bz](mailto:scholarships@ub.edu.bz) Belize, C.A. [www.ub.edu.bz](http://www.ub.edu.bz/)

**California Baptist Univeristy International Social Work Educational Grant**

# About the Program

**Introduction**

Qualifying University of Belize (UB) Social Work students are encouraged to apply for the International Social Work Educational Grant. This scholarship provides full tuition for one academic year.

**Background**

California Baptist University, following the ceremonial signing of a memorandum of understanding with the University of Belize in March of 2022, announced the award of two tuition scholarships for Bachelor of Social Work (BSOW) students at the University of Belize.

Providing false information on this form, with the intention of misleading, will result in cancellation of your application, reimbursement of funds paid out, and possible barring from applying for future financial support from UB.

# Responsibilities

1. Enroll full time (minimum of 12 credits) each semester;
2. Earn a cumulative GPA of 3.0 on a scale of 4.0;
3. Give consent for grade release to the offices of Institutional Advancement and Student Services for the purpose of reporting to the University;
4. Provide 80 hours community service to charitable (non-profit) organization(s)
5. Abide by all university rules, regulations and codes of conduct for students;
6. Remain in good academic standing at the university;
7. Provide information to the offices of Institutional Advancement and Student Services, in respect of any outside resources or assistance, or any change in financial status; comply with all other requirements agreed upon, on acceptance of the scholarship; and inform the offices of institutional advancement and student services of intended withdrawal from the University of Belize, dropping of any courses, or change of name or address.

# Conditions of the Assistance

1. The Fund does not support repeat courses or overloads.
2. Students who have completed their program with the support of this award **cannot** reapply for support to a new program. This is to ensure that as many students as possible benefit from this award.

# Applicant’s Requirements

The applicant must:

* 1. Be a citizen of Belize;
  2. Complete scholarship application form
  3. Have minimum Cumulative Gpa of 3.0
  4. Applications shall be made by way of an essay, maximum 600 words, contain the following:
     + Introduce your basic biodata and contact information
     + Share your vision within the social work profession
     + Share your volunteering experience(s) if any
     + Explant your financial need
  5. TD4 of parents, and self if employed
  6. Transcript
  7. Sit for an interview at the request of the scholarship selection committee

Kindly submit your application to the Office of Institutional Advancement in person or electronically: [scholarships@ub.edu.bz](mailto:scholarships@ub.edu.bz)

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| **Student Background Information** | **Name** | Last | First | Middle |  |  | **Student ID Number** | | |
| **Street** | | | | | | | **District** | |
| **City/Town/Village** | | | | | | | | |
| **Email Address** | | | | **Ethnicity** | | | | **Sex** |
| **Mobile Phone** | | | **Telephone** | | | | | |
| **Household Information** | 1. Number of people living in household 2. Age of household head 3. Sex of household head 4. How many rooms are occupied by this household? 5. What is the main source of drinking water? Indoor tap/pipe ☐   Outdoor tap/pipe ☐  Public standpipe ☐  Well ☐  River, lake, spring, pond ☐  Rainwater (tank) ☐   1. What is the source of lighting for this dwelling?   Electricity ☐  Kerosene ☐  None ☐  Other   1. What type of toilet facilities are used in the household?   W.C. linked to sewer ☐  W.C. not linked ☐  Pit ☐  None ☐  Other | | | | | 1. Does the household own or lease this dwelling?   Owned ☐  Leased ☐  Privately Rented ☐ Government Rented ☐ Rent Free ☐  Squatted ☐   1. Do the members of our household have any cars or other vehicles?   Yes ☐ No ☐   1. Does the household have telephone?   Yes ☐ No ☐   1. Do the members of your household have any TV sets?   Yes ☐ No ☐   1. Do the members of your household have any refrigerators or freezers?   Yes ☐ No ☐   1. Do the members of the household have any washing machine?   Yes ☐ No ☐ | | | |

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| **Academic Information** | **Program Name** | | **Current Semester**  Semester Year | **Program Level**  Certificate ☐  Associate ☐ | |
| **Faculty**  Faculty of Health Sciences | |
| \*Please provide UB Acceptance letter and/or current registration form |  | Bachelor ☐ | |
| **Tuition Cost** | | |
| **Status**  Full-time Part-time | ☐  ☐ |
| **Number of courses for the current semester** | | |
| **CGPA** | **Expected Graduation Date**  Semester Year | |
| **Eligibility**   1. Who is paying the cost of your Education?   Self ☐ Parents ☐ Other ☐ If other, specify   1. What is your employment status?   Self-employed ☐ Full-time ☐ Part time☐ Unemployed ☐   1. What is the monthly earning of your father? 2. What is the monthly earning of your mother? 3. What are your monthly earnings? 4. Have you applied for any UB Scholarship? Yes ☐ No ☐ 5. Was your application for the UB Scholarship successful? Yes ☐ No ☐ 6. If yes, state which scholarship. 7. Are you receiving assistance from any other source? If Yes, please give the source and amount. Yes ☐ No ☐   Source Amount  **I hereby certify that the above statements are true and correct to the best of my knowledge.**  **I understand that a false statement may disqualify me for benefits.**  **Student Signature Date**  **DD/MM/YYYY** | | | | | |

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| **Official Use Only Documents Checklist**  UB Acceptance Letter ☐ Current Semester Registration form ☐ Official Transcript ☐  TD4 Slip ☐  Essay ☐ | **Comments** |