**Scholar Application**

*The mission of the Erudee Foundation’s (the Foundation) Scholar program is to provide post-secondary student scholarships in low-income countries in the Caribbean region and East Africa (in the East African Community, SADC and Zazibona regions) through qualified partner institutions within the student’s country or region. We encourage students to pursue studies in the health sciences and related fields. Rather than provide educational opportunities at schools located in mature economies, the Erudee Foundation’s approach is to offer instructional opportunities at qualified partner institutions within the student’s country or region. In this way, the student, local educational infrastructures and economies benefit from the Foundation's support.*

You have shown an interest in pursuing a higher education degree the health sciences. We congratulate you on that decision! We thank you for considering the Erudee Foundation for a source of scholarship funding to pursue your education. We support the use of local schools that will work with you to follow the Foundation’s educational goals.

To be considered by the Foundation, Scholars interested in pursuing an education at qualified post-secondary academic Institutions in relevant fields of the health sciences are required to complete this Scholar Application and to provide the following information for consideration by the Foundation’s Scholar Selection Committee.

**1. Scholar’s information:**

|  |
| --- |
| Name |
| Mailing Address |
| Street |
| City Province Country |
| Phone (mobile) Phone (Land) |
| Email |

( )Male ( )Female ( ) Other (for categorization purposes only)

Birthdate:

Native language:

English language ability:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Beginner | Intermediate | Advanced |
| Spoken English |  |  |  |
| Written English |  |  |  |

2. Educational experience and skills

**2a. Prior educational experience**. List all schools (including high schools) and degrees or certifications attained to date:

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Institution | Type of Degree or Certification Pursued | Outcome | Date of Outcome |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**2b: Skills:** Please indicate the programs that you are comfortable using and your level of expertise:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Beginner | Intermediate | Advanced |
| MS Explorer |  |  |  |
| MS Word |  |  |  |
| MS Excel |  |  |  |
| MS Access |  |  |  |
| MS PowerPoint |  |  |  |
| Firefox |  |  |  |
| Google Chrome |  |  |  |
| Mac |  |  |  |
|  |  |  |  |
| Others (please list) |  |  |  |

**2c. Computer access**: Do you have access to a computer or tablet? ( )No ( )Yes

If yes, please describe the make and model of your system including operating system.

**2d. Internet access:** Do you have reliable internet access ( )No ( )Yes

If Yes, please describe how you access the internet:

**3. Educational Plans**

**3a. What course of study** are you planning to pursue?

Degree title:

**3b. Duration:** How long do you expect it will take to complete this degree or certification?

**3c.** Have you enrolled or been accepted to a post-secondary school of higher education?

( ) No ( ) yes

If yes, please provide the following information about the school (Institution). We will contact the Institution directly to determine its eligibility to provide the educational program for the course of study you wish to pursue. Should you be selected for scholarship support, the Foundation will provide funding directly to the Institution.

**3d. Institution information**

|  |  |
| --- | --- |
| Name of Institution |  |
| Address |  |
| Web site URL |  |

**3e. Dean or headmaster’s contact information**

|  |
| --- |
| Name |
| Title and Department |
| Address |
| Phone |
| email |

**3f. Primary institutional contact’s information** (if same as 3e, indicate “Same”)

|  |
| --- |
| Name |
| Title and Department |
| Address |
| Phone |
| email |

**4. Student Statement:** Please describe in your own words why you wish to follow your chosen course of study. Why do you feel you are especially qualified for the Foundation to support your academic career? Please provide information (maximum 500 words) to help the Committee evaluate your skills, potential and desire to attain your degree. (You may attach a separate document. If English is not your primary language, please prepare the summary in your language and also provide a simple translation e.g. by using something like Google Translate https://translate.google.com)

|  |
| --- |
|  |

**5. Disclosures:** If accepted by the Foundation, you the Scholar agrees and permits the Foundation to use your name and location, photographs, a description of the relationship between the Foundation and you, and other descriptions of the ways that the Foundation supports your activities in the Foundation’s descriptive material (including but not limited to brochures, web sites, etc) without prior additional clearance by you. The Foundation will make its best efforts to alert you to these uses. You also agree to contribute to the Foundation in non-monetary ways, such as tutoring fellow students or pursuing a “pay-it-forward” project of your own design, approved by the Foundation. These activities will also be covered by this Disclusre section.

**6. Communications** shall be made to:

The Erudee Foundation

PO Box 248

Richboro, PA 18954 USA

Or by email to: info@erudee.org

## This is an application for consideration for scholarship support. It does not guarantee acceptance nor does it form any contract between the applicant and the Foundation. *Eligibility will not be determined by race, color, religion or sexual orientation. The number of Erudee scholarships available in any year will be dependent upon the extent of available funding and the Foundation makes no guarantee of funding availability from year to year.*

The Foundation will keep information about the Scholar and in this Application confidential. However, if you are accepted for scholarship funding, you agree to the disclosure provisions of Section 5 of this Application. You acknowledge that all decisions of the Scholar Selection Committee are made at the sole discretion of the Committee, are binding, final and will not be disclosed publicly.

If accepted for scholarship funding, the Scholar will be asked to provide their best effort toward completion of the stated degree and to comply with interaction and reporting requirements and the pay-it-forward provision set forth by the Committee.

By signing below, I certify that all of the statements and materials I have made to the Foundation’s Scholar Selection Committee with this Application or by way of any other form of communication, written or oral, are true and factual.

**Agreed to By the Applicant Scholar**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

Print Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_