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| **CAMEROON BAPTIST CONVENTION (CBC) HEALTH SERVICES**  **Scholarship Award to Pupils/Students with Disabilities**  **2020/2021**  **Application Form** |

**Section 1: INSTRUCTION**

* This form is designed to facilitate the selection of pupils and students with disabilities for CBCHS scholarship awards. The CBCHS considers that pupils/students with difficulties/impairments relating to (but not limited to) seeing, hearing, walking, remembering or concentrating, self-care and communicating are eligible for scholarship among other criteria.
* This form should be completed by the applicant or their guardian and submitted either online via <https://cbchealthservices.org/> or at SEEPD Office, Divisional and Regional Offices of the Coordinating Unit of the Association of Persons with Disabilities (CUAPWD) before the application deadline of 20th August, 2021.
* The form should be well completed to give the scholarship selection committee sufficient information to make an informed decision.
* Provide WhatsApp Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION II: DATE**

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| 1 | Date of application | Day: |\_\_\_|\_\_\_| Month: |\_\_\_|\_\_\_| Year: |\_\_\_|\_\_\_|\_\_\_|\_\_\_| |

**SECTION III: PERSONAL INFORMATION**

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| 2 | Name of Pupil/Student | | First name: |\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_|, Middle name: |\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_|, Given name: |\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_| |
| 3 | Date of Birth | | Day: |\_\_\_|\_\_\_|, Month: |\_\_\_|\_\_\_|, Year: |\_\_\_|\_\_\_|\_\_\_|\_\_\_| |
| 4 | Characteristics | | M: |\_\_\_| F:|\_\_\_| Age: |\_\_\_|\_\_\_| Current Class: |\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_| |
| 5 | Origin | | Region of origin: |\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_|, Division: |\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_|,  Sub Division: |\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_|, Village: |\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_| |
| 6 | Pupil’s / Student’s Contacts | | Telephone (*if any*):|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|, Email (*if any*): |\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_| |
| 7 | Pupil’s/Student’s residency  Status (*Please Tick*) | | Internally Displaced Person – A. **IDP?** 1. Yes 2. No B. **Host?** 1. Yes 2. No |
| 8 | Parentage  ***(*If *no biological parent, fill information for guardian)*** | Father | First name: |\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_|, Middle name: |\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_|, Given name: |\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_|  Occupation: |\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_|  Address (Residence and Work Address): |\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_|  Telephone:|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|, Email (If any): |\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_| |
| Mother | First name: |\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_|, Middle name: |\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_|, Given name: |\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_|  Occupation: |\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_|  Address (Residence and Work Address): |\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_|  Telephone:|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|, Email (If any): |\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_| |
| Guardian | Relationship with guardian: 1. Uncle 2. Aunt 3. Brother 4. Sister 5. Grand Father 6. Grand Mother 7. Cousin 8. Others (Please Specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)  First name: |\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_|, Middle name: |\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_|, Given name: |\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_|  Occupation: |\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_|  Address (Residence and Work Address): |\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_|  Telephone:|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|\_\_\_|, Email (If any): |\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_| |

**SECTION VI: SCHOOL INFORMATION**

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| 9 | School Sector | 1. Public (2) Private (3) Confessional |
| 10 | Name of current school | |\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_| |
| 11 | Contact *(Head teacher, Principal, Director, HOD, Dean)* | Telephone: |*Optional*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_|  Email: |*Optional*|\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_| |
| 12 | Annual School Fee | In figures: |\_\_\_|\_\_\_|\_\_\_|,|\_\_\_|\_\_\_|\_\_\_|,|\_\_\_|\_\_\_|\_\_\_|  In words: |\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_| |
| 13 | How much of annual school fee can parents/guardian pay? | In figures: |\_\_\_|\_\_\_|\_\_\_|,|\_\_\_|\_\_\_|\_\_\_|,|\_\_\_|\_\_\_|\_\_\_|  In words: |\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_| |

**SECTION V: MEDICAL HISTORY OF PUPIL/STUDENT (cause/onset of impairment)**

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| 14 | In which of these categories would you  qualify your impairment? If applicable tick more than one *Please, Tick the*  *the one you identify with.* | (1) Seeing (2) Hearing, (3) Walking, (4) Remembering or concentrating, (5) Self-care, (6) Communicating, (7) Others\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 15 | How did you become impaired?  *Please, Please, Tick your response from the list.* | (1) I was born with this impairment. (2) I acquired this impairment. |
| 16 | What level of difficulty do you face with the impairment?  *Please, Tick your response from the list.* | 1. No difficulty 2. Some difficulty 3. A lot of difficulty 4. Cannot do at all |
| 17 | Have you sought medical attention?  Please, *fill the number of the answer*  *you chose.* | (1) Yes (2) No |
| (a) If your answer above is “Yes”, please attach a photocopy of your medical record.  (b) If your answer above is “No”, could you please give your reasons for not seeking medical attention?  |\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 28 | Why are you applying for a scholarship? |  |
| ***For Official Use Only***  **DECISION OF SELECTION COMMITTEE**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **SECRETARY CHAIR PERSON** | | |