



# STEM

**HIGHER INSTITUTE OF HEALTH AND BUSINESS**

Bonaberi Douala – Cameroon

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## **STEM-HIHB PARTIAL SCHOLARSHIP APPLICATION FORM**

Date: \_\_\_\_\_

Former Institution: \_\_\_\_\_

Number of points: \_\_\_\_\_

PHOTO

### **A. General information:**

- 1) Full names: \_\_\_\_\_
- 2) Date of Birth : \_\_\_\_\_
- 3) Trade: Technical  Sciences  Arts  commercial
- 4) Series/ specialty: \_\_\_\_\_
- 5) Are you the first to attend university in your family Yes  No
- 6) How did you hear about our scholarship \_\_\_\_\_
- 7) Has anyone in your family received a scholarship from **STEM-HIHB**

### **B. Contact Information:**

- 1) Present Address: \_\_\_\_\_  
\_\_\_\_\_
- 2) Region of Origin: \_\_\_\_\_ Town: \_\_\_\_\_
- 3) Family Phone Number: \_\_\_\_\_ Email (if any): \_\_\_\_\_  
\_\_\_\_\_
- 4) Permanent Address: \_\_\_\_\_ Region  
\_\_\_\_\_ Town \_\_\_\_\_ quarter: \_\_\_\_\_

C. **Family Information:** please list all family members residing in your home. Including aunts, uncles, grandparents, etc.

Name	Relation	Age	Level of education	Occupation

D. **Program of Interest:** Please circle at least two programs you may be interested in (first and second choice).

School of Health (HND)	School of Business (HND)	School of Education (HND)	Vocational Training
1. Nursing	1. Accountancy	1. Didactics	1. Nursing Assistant
2. Midwifery	2. Banking & Finance	2. Curriculum Development & Teaching	2. Pharmacy Assistant
3. Medical Laboratory Technology	3. Marketing	3. Special Education	3. Medical Lab. Ass.
4. Physiotherapy	4. Insurance	4. Distance and continuing learning	4. Geriatric Nursing
5. Nutrition & Dietetics	5. Management	5. Andragogy	5. Medical Secretariat
6. Pharmacy Technology	6. Transport & Logistic	6. Vocational Guidance & Counseling	

## DECLARATION

I, \_\_\_\_\_ hereby declare that the information provided above is true and correct. If any information is found to be falsified, my name will be removed from the STEM-HIHB scholarship program and legal action may be taken if necessary. I also agree to promote and respect the roles and regulations that govern the STEM-HIHB scholarship program.

Signature of Parents/Guardian

Signature of student

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Place: \_\_\_\_\_

### Document to be attached with application form:

1. Four passport size photographs
2. Photocopy of National Identity card
3. A copy of A/L and/or O/L result slips
4. A letter addressed to the director of STEM-HIHB stating your main reasons for applying for this scholarships.

**NB: this form and letter should be dropped at the school secretariat on or before the 18<sup>th</sup> of October 2021.**

**For further information, please call the school numbers.**