

COBY Foundation
(Creating Opportunities for Belizean Youths)

Scholarship Application Form

Name _____
(Last) (First) (Middle Initial)

Home Address _____
(Street) (City)

Date of Birth _____
(Month) (Day) (Year)

Telephone _____

Mother's Name _____ Father's Name _____

Mother's Place of Employment _____
Employment Address _____
Monthly Salary\$ _____

Father's Place of Employment _____
Employment Address _____
Monthly Salary\$ _____

PSE Grade _____

Reference: _____
(Name) (Address) (Phone)

(Name) (Address) (Phone)

State why it is important for you to get this scholarship. _____

I have examined this application and certify that all the information given is complete and accurate to the best of my knowledge. If awarded a scholarship, I am willing to comply with the stated terms.

Parent Signature: _____
Applicant Signature: _____ Date _____

Send the completed application to:
Chief Executive Officer
COBY Foundation
P.O. Box 1455
Belize City
Phone: 20-25965