**BHA SCHOLARSHIP APPLICATION FORM**

**Applicant Eligibility**

Dependent Children

Dependent children are defined as natural and legally adopted children or stepchildren living in the employee’s household or primarily supported by the employee.

* Be a child or stepchild of full-time employees currently employed with the company
* Be under the age of 24 at the time of application deadline, June 15th 2025
* Be currently enrolled as a student in a high school, a college or an accredited vocational or technical institute or undertaking under-graduate study at an accredited two-year or four-year university in Belize.

**GENERAL INFORMATION**

* Information given herein is confidential and will only be used by the Belize Hotel Association Selection Committee to process your application.
* This scholarship will cover 1-year tuition fees and books at the recipient’s school (Up to a maximum of $1,500.00. Invoice is required)
* Recipients will be selected based on merit (minimum average of 3.0 or 80%) and financial needs.

**PERSONAL INFORMATION OF APPLICANT**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last First Middle

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street City/Town/Village District

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Number: (501) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MM/DD/YYYY

Name of School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Class Level: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Area of Study: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School District: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FINANCIAL STATUS**

Financial Benefactor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last First

Relation to Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Number: (501) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street City/Town/Village District

Employer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Yearly Income: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SCHOLASTIC RECORD:**

1. Cumulative Grade Percentage/GPA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Kindly attach your most recent report card

**JUSTIFICATION**

Kindly submit a letter stating the reasons why you should be considered to receive a scholarship from the Belize Hotel Association.

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

Signature of Parent MM/DD/YYYY

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

Signature of Applicant MM/DD/YYYY

**To enroll in the Belize Hotel Association Scholarship Program, applicants can apply by sending in this completed application form along with a full academic transcript to bha@belizehotels.org, no later than July 15th, 2025.**

**Applicants will receive acknowledgment of receipt of their application by email within 4 weeks of deadline.**