

REQUIREMENTS

Applicants are required to submit the following documents:

- 1. Completed Internship Application Form**
- 2. Personal Statement** – A 300–500-word essay detailing your educational and career aspirations, how the scholarship will assist you and your commitment to the company’s mission.
- 3. A Recent Passport Photo**
- 4. Copy of a Government Identification Card.**
- 5. Acceptance Letter** – Applicants are required to provide proof of enrollment or acceptance into the chosen programme. In cases where proof of acceptance is not yet available, employees may still submit their scholarship application. However, the proof of acceptance must be provided before any scholarship funds are released to the institution.
- 6. Proof of Course Cost** – Applicants must provide official documentation confirming the total cost of the short course or programme for which they are applying.
- 7. Transcript** – If currently enrolled, submit official transcripts reflecting your academic performance.

Submission Instructions:

Please follow these guidelines for sending your documents via email:

1. Ensure all files are in the correct format (e.g., PDF, DOC), labelled with your First Name, Last Name and Type of Document (e.g., Jane Doe Personal Statement), and submitted to Slbmc.learning@msjmc.gov.ag.

If electronic submission is not possible:

1. Prepare physical copies of all required documents.
2. Ensure all documents are organized and placed in a folder.
3. Visit the HR department to hand in your documents to our Learning and Development Coordinator or Assistant or any other Human Resources team member.

Review and Selection Process

All scholarship applications will be received and acknowledged by the Learning & Development Unit.

Applications will then be reviewed by the Scholarship Committee. Shortlisted candidates may be invited to attend an interview as part of the selection process. Final selection will be based on the following criteria: academic merit, relevance to the employee’s role, financial need and alignment with the organization’s mission.

PERSONAL INFORMATION

First & Last Name _____ **Middle Name** _____

Date of Birth ____ / ____ / ____ **Place of Birth** _____

Gender Male Female

Address _____

Parish _____ **Country** _____

Phone Number _____ **Email** _____

EMPLOYEE INFORMATION

Job Title _____ **Employment Status** Full Time Contractual

Department _____

Contract Date of Hire _____

Manager's Full Name _____

Manager's Email _____

Manager's Contact Number _____

SCHOLARSHIP SELECTION

Scholarship Selection

Please select the type of scholarship you are applying for

- Short Course
- Professional Certificate
- Diploma
- Undergraduate Degree
- Postgraduate Degree
- Master's Degree

Name of Course/Program _____

Institute/School _____

Program Duration _____

Do you currently receive any other scholarship financial aid?

- Yes
- No

If yes, Please Specify:

- Prime Minister's Scholarship
- Board of Education Scholarship
- Other _____

Have you ever received a scholarship from SLBMC?

- Yes
If yes, _____ (Year) _____ (Semester)
- No

REFERENCES

Please use the spaces provided below to list two professional references.

1. Name _____

Relationship _____

Phone Number _____ **Email** _____

2. Name _____

Relationship _____

Phone Number _____ **Email** _____

DECLARATION AND SIGNATURE

I hereby declare that the information provided in this application is true, complete, and accurate to the best of my knowledge. I understand that the submission of any false, misleading, or incomplete information may result in the disqualification of my scholarship application and/or the withdrawal of any award granted.

Signature _____

Date ____ / ____ / ____

Please submit your completed application to the Learning and Development Department. You may submit your application via email to slbmc.learning@msjmc.gov or deliver a hard copy to the Human Resources Department.

APPROVAL (OFFICIAL USE ONLY)

Reviewed and Signed By

Name _____

Signature _____

Position _____

Date ____ / ____ / ____

Name _____

Signature _____

Position _____

Date ____ / ____ / ____

Name _____

Signature _____

Position _____

Date ____ / ____ / ____

Name _____

Signature _____

Position _____

Date ____ / ____ / ____

Scholarship Approval:
by Scholarship Committee

- Approved**
- Denied**