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**Application for the Nursing Scholarship**

**As a sponsored nursing student, you will receive:**

* 1 year nursing scholarship including tuition, room & board (up to $700)
* $500 (US) stipend

**Please submit:**

* This Application with 1 picture of yourself
* Transcript from all attended high school and college
* Curriculum vitae – listing of your work history, interests/hobbies, research experience, extracurricular experience
* Essay describing yourself and your reason in pursuing nursing (Maximum words = 500)

**In addition, we require:**

* Monthly submission of a picture, video, or a letter to Congo Progress.
* These submissions can be presented to public in an electronic, written, copied, or published format.
* Congo Progress reserve the right to the use of these items and all other use will require permission from Congo Progress.

**Application:** You are required to resubmit this application annually.

**Grades:** You also need to maintain your grade at 65% and have at least “very good” grade in conduct and behavior.

You must also be a full-time student.

**Ineligibility:** You are ineligible to apply if your parents are staff or instructor at the school.

If any of these requiresments change, then you agreed to inform us immediate as to the condition and the circumstances.

I agree to the requirements as described above. Deviation from the requirement can jeopardize further assistance.

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

Signature Date

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**Application for the Nursing Scholarship**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: | Date of Birth: (Month/Day/Year) | Place of Birth:(City) | Gender:(Female/Male) |
| Current Address: | Contact Information (If applicable):Phone: * Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Name of school: | Contact information of the school:Address:Phone number:Email:Website: |
| School year: |

**Curriculum vitae – Work or Research**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date (From – To)** | **Location** | **Supervisor** | **Description** |
|  |  |  |  |
|  |  |  |  |

**Please describe yourself and why you would like to pursue nursing:**

You may attach a separate file for this portion

|  |
| --- |
|  |

I agree to the accuracy and validity of the information as described above.

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

Signature Date

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**Application for the Physician Scholarship**

**As a sponsored medical student, you will receive:**

* 1 year medical scholarship including tuition, room & board (up to $1000)
* $500 (US) stipend

**Please submit:**

* This Application with 1 picture of yourself
* Transcript from all attended high school and college
* Curriculum vitae – listing of your work history, interests/hobbies, research experience, extracurricular experience
* Essay describing yourself and your reason in pursuing medicine (Maximum words = 500)

**In addition, we require:**

* Monthly submission of a picture, video, or a letter to Congo Progress.
* These submissions can be presented to public in an electronic, written, copied, or published format.
* Congo Progress reserve the right to the use of these items and all other use will require permission from Congo Progress.

**Application:** You are required to resubmit this application annually.

**Grades:** You also need to maintain your grade at 65% and have at least “very good” grade in conduct and behavior.

You must also be a full-time student.

**Ineligibility:** You are ineligible to apply if your parents are staff or instructor at the school.

If any of these requiresments change, then you agreed to inform us immediate as to the condition and the circumstances.

I agree to the requirements as described above. Deviation from the requirement can jeopardize further assistance.

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

Signature Date

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**Application for the Physician Scholarship**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: | Date of Birth: (Month/Day/Year) | Place of Birth:(City) | Gender:(Female/Male) |
| Current Address: | Contact Information (If applicable):Phone: * Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Name of school: | Contact information of the school:Address:Phone number:Email:Website: |
| School year: |

**Curriculum vitae – Work or Research**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date (From – To)** | **Location** | **Supervisor** | **Description** |
|  |  |  |  |
|  |  |  |  |

**Please describe yourself and why you would like to pursue medicine:**

You may attach a separate file for this portion

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| --- |
|  |

I agree to the accuracy and validity of the information as described above.

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

Signature Date