

GALEN'S DR. ALVARO ROSADO MEMORIAL SCHOLARSHIP PROGRAM

The Dr. Alvaro Rosado Memorial Scholarship is awarded to an Elementary Education teacher in honor of the legacy of Dr. Alvaro Rosado. This scholarship is a full tuition scholarship offered every two years.

REQUIREMENTS

- Be an outstanding individual who loves your country and have civic pride.
- Accepted to the Elementary Education program for September 2024
- Holds an Associates Degree in Elementary(Primary) Education with a minimum GPA of 3.0
- Values education as a crucial tool for nation-building
- Demonstrates professionalism in education

Address:

- Is fair, honest, responsible, ethical, respectful, and committed to social justice.
- Dedicated to the teaching profession and shaping young minds

DEMOGRAPHIC INFORMATION

Legal Name	
(Please enter your name as it appears on your passport and/or other office	ial documents.)
Last:	First:
Middle:	Suffix: (Jr., Sr., if applicable)
Mobile #:	Home #:
Permanent Email:	



RECOMMENDATIONS

Three detailed letters of reference needed submitted along with application form.

- Referees should prepare character reference letters describing their affiliation to the applicant and their knowledge of the applicants capabilities.
- These references should highlight the applicant's attitude, initiative, personal ethics, and involvement in co-curricular activities that will increase applicant's chances of being an engaged Galen Eagle, and who is able to work with others to become model Galen graduates.
- Kindly provide the required contact information for referees in the space below.
- Referees cannot be relatives of applicant.

1. Name of Referee:	
Occupation:	
Mobile #:	Home #:
Permanent Email:	
2. Name of Referee:	
Occupation:	
Mobile #:	Home #:
Permanent Email:	
3. Name of Referee:	
Occupation:	
Mobile #:	Home #:
Permanent Email:	



EDUCATIONAL DATA

Please list in chronological order (starting from most recent) all schools (Secondary, College, University) you have attended or are currently atteding. Kindly, attach copies of transcripts.

Institution Attended	Dates	Location City & Country	Major	Degree(s) earned	GPA

OTHER QUALIFICATIONS

Please list any other qualifications (CXC, ATLIB, ACT, SAT, or the equivalent) obtained by examination. Certified/attested copies of official results must accompany this application.

Subject	Board of Examining Body	Grade/ Result	Examination Date

ACHIEVEMENTS

Certificates, awards, recognition (e.g. certificate programs, sports award etc.)	Year



DISPLAY YOUR INNER EAGLE

- 1. If you had the authority to change Galen in a positive way, what specific change(s) would you make?
- 2. Describe how you have demonstrated leadership ability both in and out of school.
- 3. Describe a special attribute or accomplishment that sets you apart from others.
- 4. Why are you a good candidate to receive this scholarship?
- 5. Who in your life has been your biggest influence and why?
- 6. How has your education contributed to who you are?

PROFESSIONAL SKILLS

Check each of the skills that you possess (based on experience).

Carpentry Painting

Coaching Clerical/Office
Drawing Photography

Event Planning Tutoring

Expressive Arts Accounting

Graphic Design Computer Science

Journalism Economics
Landscaping English
Leadership Math

Management of social media platforms Other (please specify):

Marketing Video Editing

Website Management Other (please specify):



DECLARATION

(Please print your name, sign and date in the spaces below to confirm the submission of your scholarship application.)

complete and accurate to the best of	certify that the information and support m my knowledge. I understand that withhold alse information will make me ineligible fo	ling information requested in
Applicant's Signature		Date

OFFICIAL USE ONLY

Date Application Received: Received by:

Application Status: Complete Incomplete

Missing Requirements:

Scholarship Decision: Accepted Denied

Dean's Signature: Date of Decision:

Recommended Job Placement:

Thank you for applying into Galen's Leadership Scholarship Program!

Please ensure that all supporting documentation are included and all sections of this application are completed before making your submission. This application will become a part of your permanent record at Galen University. Kindly submit your completed application package to:

Galen University Office of Student Affairs

GALEN UNIVERSITY

64 George Price Highway San Ignacio, Cayo District Belize, Central America

You may also deliver your scholarship application package to any of Galen's Centers across the country. The locations of the centers are listed below. For more scholarship information contact us at studentaffairs@galen.edu.bz or by telephone at (501) 824-3226.



GALEN UNIVERSITY CENTERS ACROSS THE COUNTRY

Belize District:

• 2090 Chancellor Avenue, Belize Institute of Management

Cayo District:

• Mile 64 George Price Highway, Central Farm Village

PAYMENT INFORMATION

Payments can be made into one of the following Atlantic Bank accounts:
- Account #: 100 166 491 OR 100 203 076
Account Name: Galen University Limited

Kindly ensure that this form is properly completed. Incomplete application forms will result in disqualification.

Applicants must be accepted to Galen University to be eligible for a scholarship.

www.galen.edu.bz

