**CAHP Scholarship Application Form**

**Please complete in English**

**1 Applicant’s full name …………………………………………………………………………………**

**2 Date of birth…………………………………………….. Male/female…………………………..**

**3 Address………………………………………………………………………………………………………**

**……………………………………………………………………………………………………………………..**

**4 email address…………………………………………… Tel.no.……………………………………**

**5 Are you living at home? ……………………………………………………………………………..**

**6 Are you still a student? …………………………. School…………………………………..**

**7 Are you gainfully employed? ……............... Salary……………………………………**

**8 Father’s name ……………………………………… Occupation……………………………**

**9 Mother’s name …………………………………… Occupation……………………………..**

**10 Parents’ annual income…………………………………………………………………………..**

**11Number of brothers/sisters ……………… How many are still at school? .....**

**12 Your current academic qualifications……………………………………………………….**

**………………………………………………………………………………………………………………………..**

**13 How have you contributed to CAHP? ………………………………………………………….**

**……………………………………………………………………………………………………………………….**

**………………………………………………………………………………………………………………………..**

**14 Describe your community involvement. …………………………………………………..**

**………………………………………………………………………………………………………………………**

**………………………………………………………………………………………………………………………**

**13 Your 3 referees: Name Occupation**

**…………………………………………………………………………………………………………………….**

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**Date Please return to communitycahp@gmail.com**