## ELIEVI FOUNDATION SCHOLARSHIP PROGRAM (FOR MEDIX HEALTH COLLEGE)

## MEDIX SCHOLARSHIP APPLICATION FORM, 2024

- Are you a Senior High School graduate interested in studying at Medix College?
- Do you require financial assistance to pursue your education?
- If yes, kindly go through the criteria, fill in the form below and submit online via elievifoundation@medixealthcollege.com
- For further clarification or assistance, call or WhatsApp 0256901124

Name of applicant		Sex	
Date of birth E-ı			
Hometown & Region			
Current place of residence		Any special Needs [ Y ]	[ N ]
Indicate the program you would like	e to pursue.		
Health Assistant [ ] Physical Therap	oy Assistant [ ] Dental Surgery /	Assistant [ ] Respiratory	Therapy Assistant [ ]
Dialysis Technician [ ] Physical Ther	apist [ ]		
Do you have any volunteering or coexperience? Yes/No	ommunity service		
If "Yes", state your experiences			
List any academic Awards, special r	_	• •	
<b>Attach</b> a one-page letter of motivation for your education at Medix College.	ion or reason indicating why th	e Elievi Foundation shou	•
<b>Attach</b> your WASSCE/SSSCE results from your school.	or your Vocational/technical r	results, admission letter	and written testimonial
Attach evidence of Ghanaian citize	nship		
Date of Submission of application			
<u>Declaration</u>			
I do hereby declare that all the info	ormation given above is true.		
Applicant's Name	Signature		

<u>Please Note:</u> It is important that your eligibility for this scholarship award is based on accurate information.

Misrepresentation in any material form renders the application null and void. Any award made based on misrepresentation shall be withdrawn and if any investments are made based on the misrepresentation applicant may be asked to provide a refund or may face prosecution or both.