TREE TOP HOSPITAL
Excellence in Healthcare

Tree Top Hospital
A Division of Tree Top Health Pvt. Ltd.
Lot 10608, Dhumburi Magu, Hulhumale', 23000, Maldives.
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www.treetophospital.com

NURSING SCHOLARSHIP APPLICATION FORM

Please fill and complete all sections of this form legibly and e-mail the completed form to education@treetophospital.com. This application form should be submitted with all supporting documents as stated in the checklist by the stipulated deadline.

Eligibility

1. Maldivian citizen
2. Secured admission and enrolled in the approved nursing program at Villa College
3. A new or continuing student
4. Not availing any other educational scholarship from any other institution may apply for the Tree Top Hospital Nursing scholarships.

Notification of Decision

Upon submission – the notification of decision will be emailed to you within 14 working days from the deadline of application. Please ensure that you fill your updated contact and e-mail information on this application. Tree Top Hospital will attempt three contact attempts via e-mail, if the applicant fails to respond within the designated period stipulated in the notice of decision – the application will be disqualified.

Note:

The application will be disqualified if:

- Application is incomplete
- Eligibility criteria is not met
- All required documents are not enclosed/submitted
- Applicant fails to provide a valid email address and contact number

SCHOLARSHIP APPLICATION FORM

Affix a recent pp size photo here

1. APPLICANT INFORMATION		
Full Name:		
Date of Birth:		Gender: ☐ Female I ☐ Male
Nationality:		NID No:
Marital Status:		No. of children:
Permanent Address:	House: Street: Island:	
Current Address: (if it differs from permanent address)	House: Street: Island:	
Email Address:		
Contact number:		

2. ACADEMIC HISTORY (Please list all schools you have attended in chronological order)			
School	City/State	Started	Graduated

3. EMPLOYMENT HISTORY				
Title	Employer	From	To	Reason for leaving

4. FINANCIAL INFORMATION	
Are you receiving other financial aid or support for the upcoming academic year?	☐ Yes I ☐ No
Have you applied for any other scholarship or financial aid?	☐ Yes I ☐ No
If yes, specify:	
Are you currently employed?	☐ Yes I ☐ No

5. SCHOLARSHIP APPLICATION INFORMATION	
Type of Academic Program (Please ✓ one) ☐ Diploma in Nursing ☐ Bachelors of Nursing ☐ Other (please specify):……	
Are you a: ☐ Newly enrolled student ☐ Continuing student - If you are currently enrolled in a nursing program, please specify course name and semester. …….....	
Date of commencement of program:	
Expected graduation date:	

6. PERSONAL STATEMENT
Please describe how this position aligns with your career goals and future aspirations as well as any experiences, skills or personal values that may entail. [Include a separate page if additional space is required]

Checklist
The application should be duly filled and submitted along with the following documents. Incomplete applications will be disqualified. ☐ Completed Application (Please complete all sections on Page 2 – 4) ☐ Academic certificates and transcripts (Notarized) ☐ Copy of Maldives National Identity Card ☐ Offer letter from Villa College stating the acceptance to the nursing program ☐ Police Report ☐ Passport size photo (in white background) ☐ For continuing students: unofficial transcript of the completed semesters ☐ Confidential Academic Reference Form ☐ Other (Specify……)

I understand that the Scholarship Committee may request additional information, including a personal interview, to make a final decision on my application. I agree that if this application is accepted and I receive a scholarship award, I will be bound by the terms and conditions of the award. I certify that the statements that I have provided on this application are true and correct and are given for obtaining a scholarship. I authorize Tree Top Hospital to verify the statements contained herein and I understand that all personal information contained on this application will be held in confidence by the Scholarship Selection Committee. If requested, I agree to submit proof of information I have provided on this form. I also understand that falsification of information may result in termination of any scholarship granted.

Applicant's Signature: ..... Date: .....

For Official Use

Received Date:		Signature:	
Documents Verified:	☐ Yes I ☐ No	Signature:	
Remarks:			
Submitted to NSC:	☐ Yes I ☐ No	Date:	
Final Decision:			