
TIDE Scholarship Program

CRITERIA for selection of candidates

Candidates selected should:

- a. Be a Belizean residing in the Toledo District, particularly the communities within the Maya Mountain Marine Corridor, which includes, Big Falls, Bladen, Bella Vista, Cattle Landing, Cuxlin Ha, Eldridge, Forest Home, Golden Stream, Indian Creek, Jacinto, Medina Bank, Monkey River, Punta Gorda, Punta Negra, San Isidro, San Marcos, San Miguel, San Pedro Columbia, Silver Creek, Tambran, Trio, and Yemeri Grove.
- b. Demonstrate financial need based on family earnings.
- c. Must be accepted into a secondary institution in the Toledo District or Independence High School.
- d. If a high school student, must successfully complete the year as a pre-requisite for continuing assistance.
- e. Present at least two letters of recommendation from teachers.
- f. Provide accurate personal information.
- g. Present term or semester report card to TIDE for file
- h. Carry out community service for 60 hours per school year.
- i. Demonstrate proof of good behavior in class and community



TOLEDO INSTITUTE FOR DEVELOPMENT AND ENVIRONMENT (TIDE)

1-MILE SAN ANTONIO ROAD · P.O. BOX 150 · PUNTA GORDA TOWN · BELIZE CA

OFFICE: +(501) 722 2274/2431 FAX: +(501) 722 2655

E-MAIL: info@tidebelize.org VISIT US ON THE WEB AT <http://www.tidebelize.org>

Application for Scholarship

Date: _____

Name of Student: _____

Date of Birth: _____

Name of School Attending: _____

Name of Mother: _____

Name of Father: _____

Fathers' Occupation: _____

Mothers' Occupation: _____

Telephone: _____ Cell: _____

Email: _____

Address: _____

Class and School you are going into: _____

List Certificates or Diplomas received. Please supply photocopies of all awards.

Please supply two (2) references with your application, along with copy of recent report card.

Please attach a page, which describes your career goals and aspirations

Signature of Student: _____ Date: _____

Leading Community Participation in Conservation



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Family Financial Statement

Date: _____

Name of Student: _____

Name of School Attending: _____

Name of Mother: _____ Cell No: _____

Name of Father: _____ Cell No: _____

Father's Main Occupation: _____

Monthly Salary/Annual Income: _____

Email Address: _____

Mother's Main Occupation: _____

Monthly Salary/Annual Income: _____

Email Address: _____

Home Address: _____

We hereby declare that the information herein is true and correct to the best of our knowledge and commit to supporting our child financially and otherwise to ensure he/she succeeds in his/her studies. We also commit to ensuring that he/she complies with all rules pertaining to the TIDE Scholarship Program.

Signature of Father: _____ Date: _____

Signature of Mother: _____ Date: _____

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