



Ministry of Basic and Secondary Education Willy Thorpe Place Building The Gambia

MRC-Holland Foundation

c/o Netherlands Consulate Brusubi The Gambia

MRCH Foundation Important information for TEACHERS

2025-B SCHOLARSHIP APPLICATION PROCEDURE

- 1. The form you are to fill is labelled **B-2025** and could be accessed from the following websites:
 - a. www.edugambia.gm/scholarship/mrch-scholarship.html
- The completed form must be endorsed by your head teacher and submitted to your Regional Director on or before 28th February 2025 for onward submission.
- 3. The deadline for submission by the Regional Directors to the Permanent Secretary will be **15**th **March 2025**. No direct submissions from teachers will be accepted by MRC Holland office.
- 4. The Office of the PS in collaboration with MRCH shall endeavour to have the approved list of awardees ready by 1st May 2025 in order to consider these in the postings. Awardees will be called after this date to receive their awards for September.
- 5. Preference shall be given to **teachers who are currently teaching in RURAL schools.**
- 6. Only teachers from Government- and subvented schools will be considered. Teachers from private schools are not part of the scheme.
- 7. The scheme is limited to in-country training only.
- 8. Payment of tuition fee arrears owed to other institutions are not part of the scheme.
- MRCH does not allow any change of subjects or schools once you have been awarded. Make sure you think about this very carefully before making your final decision.
- 10. For further enquiries please contact us on 7700038 only during working hours (i.e. from 9.00 am to 3.00 pm (Mondays to Thursdays)

THANK YOU AND GOOD LUCK

MRC Holland Foundation Contact: 7700038





Ministry of Basic and Secondary Education Willy Thorpe Place Building The Gambia

MRC-Holland Foundation c/o Netherlands Consulate Brusubi The Gambia

.....

APPLICATION FORM FOR EDUCATIONAL SPONSORSHIP FOR TEACHERS

THIS FORM IS NOT TO BE SOLD

MRCH NO: **2025 B-**

Contact: 7700038

1 Introduction: This form is for teacher training in the Gambia. It should be completed in the applicant's own handwriting and returned to the Regional Education Director for onwards submission. No forms from teachers will be accepted at MRCH office directly.

2. PERSONAL DETAILS

First name	Middle name	Surname
2.2 Employment Number:		
2.3 Date of Confirmation:		
2.4 Current School of posting: NAME		REGION:
2.5 Head Teachers name and	phone number:	
2.5 Nationality	2.6 Gender Mal	le / Female
2.7 Date of birth	Place of birth	Region of birth
2.8 Permanent address:		
2.6 Telephone number(s):		
2.7 E-mail address:		
3. Do you have any form of di	sability? YES / NO (plea	ase circle as appropriate)
3.1 If yes, please give details	of your disability:	





Ministry of Basic and Secondary Education Willy Thorpe Place Building The Gambia

MRC-Holland Foundation

c/o Netherlands Consulate Brusubi The Gambia

Contact: 7700038

		The Gamb	oia				The Gam	nbia		
	4. EDUCATION BA	CK GROU	ND (P	lease sta	ite all e	ducation	al institutions	you att	ended)	
TYPE SCHOOL / INSTITUT		STITUTIO	REGION			START DATE	FINISH DATE	QUALIFICATION OBTAINED:		
LBS										
UBS										
SSS										
Post SSS										
	5. TEACHING EXPE	RIENCE (-)
NO	SCHOOL/ INSTITUTIO	N	KEG	SION			ht , including responsibilities		ATES: ROM	то
1										
2										
3										
4										
5										
	6. State below your	last formal	 full t	ime nro	fession	al or acad	demic training			
	Institution	idst forma	, run c	inne, pro		LIFICAT			DATE	OF CATION
									<u> </u>	
	7. INTENDED COUI	-		OF STU	DIES ·	- THIS SH	HOULD BE THI	E SAME	AS IN Y	OUR
INS	FITUTION		ECTS YOU INTEND TO			O STUDY	LEVEL (eg. Diploma, Bl Masters, etc	Ed,	DURATION	
		Majo	r							
		ĺ					1			





Ministry of Basic and Secondary Education Willy Thorpe Place Building The Gambia

MRC-Holland Foundation c/o Netherlands Consulate Brusubi The Gambia

Contact: 7700038

8. State the r	eason for choosing to study this s	subject area.
9.1 Are you	currently benefiting from any form	of sponsorship? YES / NO (Circle as appropriate)
9.2 If your a	nswer to 10a is YES, please provid	de the following details:
(i)	Name of sponsor:	
(ii)	Address:	
(iii)	Tel No:	
(iv)	Email address:	
(ii) (iii)	acceptance letter from the reco study, letter of appointment as testimonials, transcripts, one (Your application must pass You will be requested to sign as	of all relevant documents including ID document, gnized teacher training institution you wish to a teacher, confirmation letter, certificates, 1) recently taken passport size photo's through your Head of Department and submit a bond from your employer (ie Head of I of Governors of School or institution)
11. DECLAR	ATION	
authentic and		tion as well as the attached documents are ng information will not only result in the cancellation ction taken against me.
Applicants Sig	gnature:	Date:
Head of Dept	. NAME:	SIGNATURE & STAMP: