



Scholarship Application Form

Academic

Departmental

Sports

Community

Personal Information

Surname _____ First Name _____ Middle initial _____

Address _____

Sex _____ Date of Birth _____ Marital Status: Single Married Divorced Widowed

Contacts: _____
 Cell _____ Home _____ Work _____

Email Address: _____ Nationality: _____

Parent / Guardian Information

Father's Name _____ Father's Occupation _____

Father's Contacts: _____
 Cell _____ Home _____ Work _____

Mother's Name _____ Mother's Occupation _____

Mother's Contacts: _____
 Cell _____ Home _____ Work _____

Address _____

Guardian's Name _____ Guardian's Occupation _____

Guardian's Contacts: _____
 Cell _____ Home _____ Work _____

General Information

- Have you ever benefitted from any scholarship or grant ? Yes No If yes, please give details:

- Please state any leadership position or office held during your educational/professional career:

- List the clubs/societies you have been a member of :

- Have you participated in any non-mandatory community/voluntary service? Yes No
 If yes, please give details: _____

- State the Extra-curricular activities in which you are involve :

Academic/ Qualification Information

School _____	Year Group _____
Name of Programme _____	ID Number _____
Enrolment Status: Full Time Day <input type="checkbox"/> Full Time Evening <input type="checkbox"/> Weekend <input type="checkbox"/> Modulor <input type="checkbox"/>	
Tick level of Qualification completed to date:	
CSEC <input type="checkbox"/> CAPE <input type="checkbox"/> GCE O'LEVELS <input type="checkbox"/> CERTIFICATE <input type="checkbox"/> HEART TRUST/NTA CERTIFICATE <input type="checkbox"/>	
DIPLOMA <input type="checkbox"/> ASSOCIATE DEGREE <input type="checkbox"/> BACHELORS DEGREE <input type="checkbox"/> Others <input type="checkbox"/> _____ <i>Please specify</i>	

Reference Information

Reference # 1 (Academic)		Reference # 2 (Personal/Professional)	
Last Name	First Name	Last Name	First Name
Relationship to Applicant:		Relationship to Applicant	
Occupation :		Occupation :	
Name of Employer /Business :		Name of Employer /Business :	
Telephone Number (s):		Telephone Number (s):	
Email Address :		Email Address :	

Student Declaration

I declare that the information given is true and complete to the best of my knowledge. I understand that I will be disqualified from the Scholarship, if it is found that the information is false.

Applicant's Name: _____ Applicant's Signature: _____

Date: _____

Name of Parent / Guardian: _____ Guardian's Signature: _____

if Applicant is under 18 years

For Official Use Only

Candidate's most recent G.P. A : _____

Comment: _____

Recommended for Scholarship Yes No

Panelist's Name: _____ Position: _____

Signature: _____ Date: _____