PHOTOGRAPH

A recent certified photograph (passport size should be stapled (not stuck) securely here. Your application will be deemed incomplete if photograph is omitted

#### **BARBADOS IDENTIFICATION NUMBER**

# MINISTRY OF EDUCATION, TECHNOLOGICAL AND VOCATIONAL TRAINING BARBADOS W.I

# FORM OF APPLICATION FOR SCHOLARSHIP/FELLOWSHIP

(Certified copies of all Certificates/Diplomas, Birth Certificate or evidence of Barbadian Citizenship must be submitted with this form, and certified proof a change of name, where applicable).

#### 1. GENERAL INFORMATION

Name and/or Type of Scholarship/Fellowship	Country of Study:	
Course of Study:	Duration:	
Cost of Programme:	From:	To:

### 2. PERSONAL DATA:

SURNAME: Mr./Mrs./Ms./Miss:			E	Date of Birth:	
CHRISTIAN NAMES:			YEAR	MONTH	DAY
Period Residing in Barbados:		Place of Birth		- <u></u> 1	
From:	To:	Citizenship:			
Full Postal Address:					
Marital Status:		Telephone No(s):	Home		
Married Single		Work: Email:	Celi:		
Occupation:		Date of Appointm	ent:		
Name of Employer/School:			•		

#### 3. EDUCATIONAL RECORD:

Details of institutions at which you received your acader	mic and/or professional education:	2 990C	
INSTITUTIONS COUNTRY	DATES		
		FROM:	TO:
			2 22 22

Qualifications earned – (State level)				
ACADEMIC/PROFESSIONAL/VOCATIONAL	EXAMINING BODY	DATE RECEIVED	AWARD EARNED	

# Scholarship/Fellowships/Bursaries previously held

		PURPOSE COUNTRY	DA	DATE	
TYPE	PURPOSE		FROM	ТО	
8		-			

# 4. REASONS FOR APPLYING FOR SCHOLARSHIP/FELLOWSHIP

Why do you consider yourself suitable for training in the subject area for which you are applying?

## 5. WORK EXPERIENCE

INSTITUTION/ORGANIZATION	POST(S) HELD	DATES

# 6. FOR EMPLOYED PERSONS ONLY COMMENTS OF THE EMPLOYER/PRINCIPAL (i.e of the school where you are teaching)

(a) Applicant's suitability for training in the subject area for which he/she is applying.

(b) Contribution the applicant could make to the development of your enterprise/school as a result of having such training.

(c) General Comments:

Date

Signature of Employer/Principal

## 7. CERTIFICATION OF APPLICANT:

I certify that the information provided in this application is correct.

Date

Signature of Applicant

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