

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

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**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: CHRISTIAN NAMES:	Date of Birth:		
	YEAR	MONTH	DAY
Period Residing in Barbados: From: To:	Place of Birth	Citizenship:	
Full Postal Address:			
Marital Status: Married <input type="checkbox"/> Single <input type="checkbox"/>	Telephone No(s): Work: Home: Email: Cell:	Date of Appointment:	
Name of Employer/School:			

3. EDUCATIONAL RECORD:

Details of institutions at which you received your academic and/or professional education:			
INSTITUTIONS	COUNTRY	DATES	
		FROM:	TO:

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:

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Date

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Signature of Employer/Principal

7. CERTIFICATION OF APPLICANT:

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

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Date

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Signature of Applicant

