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

APPLICATION FOR ENABLING GRANT

(FOR	FINAL Y	YEAR	STUDENTS	ONLY)

	TAMIS NUMBER
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PHOTOGRAPH

Write your full name on the back of a recent photograph (passport size) and staple (not stick) securely here. Your application will be deemed incomplete if photograph is omitted

PLEASE NOTE!!!

BARBADOS IDENTIFICATION NO.

EACH APPLICANT MUST SUBMIT WITH THE APPLICATION

- EMOLUMENT STATUS (e.g. Full-pay/half-pay, occupation of self, parents etc.) **(1)**
- OFFICIAL TRANSCRIPTS/RECENT EXAMINATION **(2)** RESULTS/UNVERSITY/COLLEGE
- ORIGINAL BARABADOS BIRTH CERTIFICATE / EVIDENCE OF **(3)** CITIZENSHIP.
- **(4)** LETTER OF CONFIRMATION FROM TERTIARY INSTITUTION RE: FINAL YEAR STATUS.
- ONE PASSPORT SIZE PHOTOGRAPH **(5)**

OPENING DATE JULY 1 (MEDICAL STUDENTS - APRIL 1st)

CLOSING DATE NOVEMBER 29th

MAXIMUM \$2,000.00

PERSONAL DATA

Zi i EROOMAD DATAA				
SURNAME:	Date of Birth:	YEAR	MONTH	DAY
Mr./Mrs./Miss:				
CHRISTIAN NAME(S):	Sex: N	fale 🔲	Female]
PERMANENT ADDRESS (IN BARBADOS)				
	Citizenship:			
	PERIOD RESIDIN	G IN BARBAD	OOS:	
TELEPHONE NO:	From:	То:		
EMAIL:				
ADDRESS FOR CORRESPONDENCE (if not as above)	Immigration Statu (If other than Barb		Study	

MARITAL STATUS: Single	No. of Children: Ages: No. of Children: Ages:
OCCUPATION:	NAME OF EMPLOYER:
ANNUAL INCOME ANNUAL INCOME OF PARENT/GUARDIAN	TERMS AND CONDITIONS OF LEAVE
NAMES AND ADDRESSES OF PARENTS/GUARDIANS (If 25 and Under) (a)	CITIZENSHIP:
(b)	(b)
OCCUPATION(S) OF PARENTS/GUARDIANS:	NO. OF DEPENDENTS OF PARENTS/GUARDIANS:
(a)	(a)
(b)	(b)
NAME AND ADDRESS OF NEXT OF KIN IN BARBADOS (If over	r 21)
2. STUDY PROGRAMME	
NAME AND ADDRESS OF INSTITUTION AR WHICH REGISTERD	Date of Commencement of Studies:/
QUALIFICATION SOUGHT:	Proposed Date of Completion of Studies:
COST OF STUDY PROGRAMME: BDS\$	Y M D

3. MEANS OF FINANCING STUDY PROGRAMME

Scholarship/Bursary/Loan/Personal	Source	Amount		
	1			
Amount of Financial Assistance Requested: BDS\$				
Disbursement of Grant if awarded: - *(Please note that the applicant must be the account holder or on the account provided below) Name and Address of Bank: A/c No				
ECONOMIC REASON FOR REQUESTED GRANT: (EXPLANATION)				
		000		
OTHER RELEVANT INFORMATION: (Include brief deta as a result of your training).	ails of the contribution you anticipate	to make to National Development		
		2		

<u>-</u>			
SIGNATURE (Must be signed before Justice	of Peace/Person authorize	d to administer oaths)	
I/We hereby declare that the information given in this application	on is true and correct.		
Signature of Applicant		Date	
Signature of Parent/Guardian (where applicable)		Date	
Signed before me on this day of		20	
Justice of Peace/Person a (Incomplete Forms will not be proc	uthorised to administer oaths	3	
FOR OFFICE	(AL USE ONLY	-	
Comments:			
Recommended:	Not Recommended:		
Amount: BDS \$			

REQUESTING FINANCIAL ASSISTANCE/GRANT

To be submitted with the application form when requesting any financial assistance or grant. Only <u>Books and Fees</u> apply to persons who are studying in Barbados.

You are required to state your reason for requesting financial assistance/grant and the associated costs. The type of fees and materials should be explained.

1. University/College Information

AREA FOR ASSISTANCE	FINANCES REQUIRED	REASON
Books		
Fees		
Materials		
Living Expenses		
Accommodation		
Food		
Any other		-
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2. Personal/Family Information Please state the following: a. Combined family income b. Family expenditure mortgage/rent Vehicle Children Other living expenses 3. Have you received financial assistance previously? Yes No If yes, state the years