APPLICATION FORM FOR UVI SCHOLARSHIP AWARD

INSTRUCTIONS FOR COMPLETING THIS FORM

I. Answer Section A-G
II. Place a tick in the appropriate box
III. Have your Head of Department/Supervisor complete Section H.

Section A

Start Date_____   Completion Date_____

Name of the Scholarship for which you are applying.

_____

Course of study for which this application is being made:

_____

Section B

Mr./Mrs./Miss _____
                           Surname   First Name   Middle

Other Name(s) _____   Gender: M   F

Home Address: _____

_____

Work Address: _____

_____

Telephone (s): Home _____   Work _____   Mobile _____

Email Address: _____

Please indicate where you want the correspondence sent: H   W

Section C

Date of Birth: _____   Age last birthday: _____

             Day   Month   Year

Place of Birth: _____   Nationality: _____

Section D

Total Years of Employment: _____   Current Position: _____

Division/Department Where Employed: _____

Current Position/Job Title: _____

How Long Held From: _____ To: _____

Brief Description of Duties/Responsibilities: _____

_____

_____

Section E

List in order of attendance schools/other institutions and certifications/diplomas etc. gained. (Please attach copies of your academic certificate(s))

School/Institution	From	To	Subjects passed 'O', 'A' level/GCE or Gen. & Basic – CXC or CAPE	GRADE	Certificates/Diplomas

Please indicate how your course of study will be beneficial to the Federation of St. Kitts and Nevis.

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Section G

Please sign and date this application after you have completed and read the following. I hereby certify that the information given in this application is true and correct.

_____   _____
Applicant's Signature   Date: (DD/MM/YYYY)

Section H

To be completed by persons working for government.

Head of Department/Supervisor

Please indicate your approval of your staff member's application for further study.

_____

Make any necessary comments to support your decision in your answer given above.

_____

_____

Please sign and date this form.

_____   _____
Signature of H. O. D/Supervisor   Date: (DD/MM/YYYY)

Form is to be accompanied by current transcripts, birth certificate and a picture id.
If enrolling for the first time kindly submit an acceptance letter