

**GOVERNMENT OF GRENADA**  
**APPLICATION FORM SCHOLARSHIP TO**  
**ST. GEORGE'S UNIVERSITY**  
**(SCHOOL OF ARTS AND SCIENCE)**

RECENT PASSPORT  
PHOTOGRAPH

**PLEASE READ THE FOLLOWING BEFORE COMPLETING THE FORM:**

1. It is the responsibility of the applicant to seek admission to the St. George's University. A copy of the **UNIVERSITY ACCEPTANCE** must be provided before the application can be processed.
2. This form must be completed and returned to the Scholarship Desk, Ministry of Education and Human Resource Development, **NO LATER THAN JUNE 15**, in the intended year of study. **LATE AND/OR INCOMPLETE FORMS WILL NOT BE CONSIDERED.**
3. Public Service employees must have the Nomination Section completed by the Permanent Secretary or Head of Department of the Ministry/Department, to which the area of study being pursued is most applicable.
4. Applications must be accompanied by **CERTIFIED PHOTOCOPIES** of all original diplomas, certificates (including birth certificates) awards and two references.
5. Applicants must have copies of university/college transcripts forwarded to this Department. Applications will be deemed incomplete until transcripts are received.
6. Applications that are not accompanied by the foregoing documents will be deemed incomplete.
7. Applicants should be aware that if awarded a scholarship, they will be bonded by the Government of Grenada and that it is **MANDATORY** to be present to receive their award packages at the award ceremony.
8. **APPLICANTS MUST KEEP COPIES OF ALL DOCUMENTS SUBMITTED TO THIS DEPARTMENT AS ONCE RECEIVED THEY BECOME PART OF THE DEPARTMENT'S RECORDS AND WOULD NOT BE RETURNED.**

**SECTION A: PERSONAL DATA**

National I.D. Number: \_\_\_\_\_ Phone (or nearest phone): \_\_\_\_\_

First Name:  Surname:

Birth date (dd/mm/yy):    Sex (M/F) [ ] Marital Status:

Nationality:

Home Address:     
(Street/Village) (Town) (Parish)

Mailing Address     
(Street/Village) (Town) (Parish)

Email:  Religion: \_\_\_\_\_

Next of Kin:  Relationship:

Address:  Phone #:

Passport #:  Date of Issue:    Expiry Date:

**SECTION B: PROGRAMME YOU ARE APPLYING FOR**

Name of Programme:  Specialty:

Level of Study: Diploma  Bachelor's  Masters  PhD

Start Date (dd/mm/yy):  Duration (years):

Did you receive a scholarship from the St. George's University? Yes  No

If yes, please state the percentage? \_\_\_\_\_

**SECTION C: ACADEMIC QUALIFICATIONS**

**CXC/GCE**

Year	Examining Body	Level	Subject	Grade

**A' Level / CAPE**

Year	Examining Body	Level	Subject	Grade

**HIGHER EDUCATION (Certificate, diploma, etc)**

Subjects or Area of Study	Level	Institution Attended	Year Completed
1.			
2.			
3.			

**SECTION D: FINANCIAL NEED:**

Are you Self-Sponsored: Yes  No

If Yes, complete Section i & ii, if No complete Section iii.

**SECTION (i):**

**Applicant's Employment Status:** Employed  Self-Employed  Unemployed

Employed Applicants Only      On Study Leave? \_\_\_\_\_ If yes, are you in receipt of salary? \_\_\_\_\_

**Annual Income of applicant:**

=====

**SECTION (ii):**

**Name of Spouse:**       **Occupation:**

**Name and Address of Employer:**

**Annual Income of Spouse:**       **Number of Dependants:**

**Total Annual Family Income:**       **Total Annual Family Expenditure:**

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**SECTION (iii):**

**Name and Address of Primary Sponsor:**

**Relationship:**       **Occupation of Primary Sponsor:**

**Contact Number:**

**Number of Children Dependant on Primary Sponsor:**

**Age of Children:**

**Number of children receiving tertiary education which is paid for out of total income of sponsor:**

**Name and Address of Secondary Sponsor:**

**Contact Number:**

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**State any other information you wish to submit in evidence of Financial Need.**

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**Income Per Month of Self Sponsored Applicant or Primary Sponsor**

Salary   
Other

**Expenditure Per Month of Self Sponsored applicant or Primary Sponsor**

Mortgage   
Rent   
Utilities   
Loans   
Hire Purchase   
Groceries   
Insurance   
Transportation   
Other   
Total \$

Gross Income \$   
Net Income \$

**SECTION E: WORK EXPERIENCE (Most recent first):**

1. Workplace: \_\_\_\_\_ Phone: \_\_\_\_\_  
Position: \_\_\_\_\_ Status: Permanent  Temporary  Contract   
Start Date:    End Date:     
Duties: \_\_\_\_\_

2. Workplace: \_\_\_\_\_ Phone: \_\_\_\_\_  
Position: \_\_\_\_\_ Status: Permanent  Temporary  Contract   
Start Date:  End Date:   
Duties: \_\_\_\_\_

**SECTION F: REFERENCES:** Name two persons you have identified as referees.  
**Please attach letters from the persons identified.**

Name	Position	Address
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

SECTION G: NOMINATION SECTION

Public Officer? Yes  No

If Yes, Please complete the Section G (i) hereunder.

SECTION G (i)

TO BE COMPLETED BY PERMANENT SECRETARY/HEAD OF DEPARTMENT/CHIEF EDUCATION OFFICER (Teachers)

Please indicate whether you recommend the officer for the programme of study/government support, giving reasons for your recommendation.

The applicant is expected to [Continue] [Terminate] employment with this Ministry/Department.

If continuing, please state expected position:

SUPERVISOR

POSITION

SIGNATURE

DATE

PERMANENT SECRETARY/HEAD OF DEPARTMENT

SIGNATURE

DATE

*This section with Section G (i) to be completed by both Permanent Secretaries/Head of Departments of the affected Ministries/Departments to which the area of study being pursued is most applicable, if the applicant is a Public Officer seeking a change in career path.*

The applicant is expected to **Begin** employment with this Ministry/Department. Yes  No

If yes, please state the expected position:

PERMANENT SECRETARY/HEAD OF DEPARTMENT

SIGNATURE

DATE:

I certify that all information given on this form is true and correct to the best of my knowledge and belief. I have enclosed the required documents (Certificates, supporting documents, etc).

Signature of Applicant: \_\_\_\_\_

Date: