



GOVERNMENT OF SAINT VINCENT AND THE GRENADINES

APPLICATION FOR FINANCIAL ASSISTANCE

ELIGIBILITY REQUIREMENTS

1. Priority will be given to programmes which support the National Development Objectives.
2. Consideration will **NOT** be given to:
 - students in the first year of their programme
 - students pursuing postgraduate training (i.e. Master's and Doctoral Degrees)
3. The candidate must have at least a **B+ average**.
4. Financial Assistance will not be granted for resits.

PERSONAL INFORMATION

TITLE

- MR.
 MRS.
 MS.

MARITAL STATUS

- SINGLE
 MARRIED
 WIDOWED
 DIVORCED

NAME

SURNAME

FIRST NAME

MIDDLE NAME(S)

DATE OF BIRTH

DAY

MONTH

YEAR

RESIDENTIAL ADDRESS

POSTAL ADDRESS

NATIONALITY

EMAIL ADDRESS

CONTACT NUMBERS

HOME

WORK

CELL

PRESENT OCCUPATION

EDUCATION

Attach clear copies of qualifications – originals must be produced upon request.

LEVEL OF QUALIFICATIONS ATTAINED

- | | |
|--|---|
| <input type="checkbox"/> DIPLOMA | <input type="checkbox"/> ASSOCIATE DEGREE |
| <input type="checkbox"/> BACHELOR'S DEGREE | <input type="checkbox"/> MASTER'S DEGREE |
| <input type="checkbox"/> DOCTORAL DEGREE | <input type="checkbox"/> OTHER _____ |

CURRENT COURSE OF STUDY**INSTITUTION****ADDRESS OF INSTITUTION****DURATION**

START DATE

END DATE

CURRENT FEES AND FUNDING

Information regarding outline of fees, from the current institution, must be attached.

TUITION**BOOKS****BOARDING****TRAVEL****LODGING****OTHER****AMOUNT OF ASSISTANCE REQUESTED****PAST FUNDING**

Have you previously received any scholarships/bursaries/loans/financial assistance?
If yes, indicate specific amounts in the space provided.

SCHOLARSHIPS**LOANS****BURSARIES****FINANCIAL ASSISTANCE****DECLARATION BY APPLICANT**

I, _____, certify that the statements
in this document are true, complete and correct to the best of my knowledge.

SIGNATURE OF APPLICANT

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DATE
(DD/MM/YY)