

**BARBADOS ASSOCIATION OF PROFESSIONAL ENGINEERS
SCHOLARSHIP PROGRAMME APPLICATION FORM**



Please type or print all information except signatures

1. APPLICANT

SURNAME:		DATE OF BIRTH		
FIRST NAME:		YEAR	MONTH	DAY
OTHER NAMES:				
Full Postal Address:		Place of Birth:		
		Citizenship:		
		E-Mail Address:		
Marital Status:		Telephone Number(s)		
Single	Married	Home:	Work:	
		Mobile:	Fax:	

2. COURSE DATA

Name of University:	Course of Study:
Address of University:	Duration:
Qualification Awarded:	
Year in Programme:	1st 2nd 3rd 4th
Acceptance to 1st Year	Provisional Acceptance to 1st Year

3. EDUCATIONAL RECORD

Details of Secondary Education:							
INSTITUTION/ORGANISATION			DATES				
			FROM	TO			
Qualifications Earned:							
SUBJECT			EXAMINING BODY		GRADE	DATES	
						MONTH	YEAR

Qualifications Earned Continued:							
SUBJECT			EXAMINING BODY		GRADE	DATES	
						MONTH	YEAR

Details of Post Secondary Education:				
INSTITUTION/ORGANISATION			DATES	
			FROM	TO
Qualifications Earned:				DATES
SUBJECT	EXAMINING BODY	GRADE	MONTH	YEAR

4. WORK EXPERIENCE

Describe your work experience during the past four years:

ORGANISATION		POST(S) HELD	DATES	
			FROM	TO

5. FINANCIAL ARRANGEMENTS

- Give details about the fees and other expenses connected with your proposed course of study.

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- Give details of any scholarships, business grants or loan other than those from your family and friends.

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- What financial assistance will you receive from your parents/guardians?

4. Give details of financial assistance that you expect to receive from any other source?

5. (a) What is the amount of additional financial assistance that you consider you require to enable you to take the course?

(b) State briefly how you arrive at the figure.

6. ACTIVITIES AND AWARDS

List all the extra-curricular activities in which you have participated during the past four years (e.g. drama, music sport, etc.). List all community activities in which you have participated without any in the past four years (e.g. Scouts, Guides, etc.).

ACTIVITY	NO. OF YEARS	SPECIAL AWARDS	OFFICES HELD

7. GOALS & ASPIRATIONS

On a separate sheet write a statement of your plans as they relate to your educational and career objectives and future goals.

8. PARENTS

FATHER'S NAME	ADDRESS	TELEPHONE NO.	OCCUPATION
MOTHER'S NAME	ADDRESS	TELEPHONE NO.	OCCUPATION

9. APPLICATION CHECKLIST

The following items need to be submitted with this form:

- Statement of your plans
- Certified copies of your Examination Results (CXC, A Level, etc.)
- Transcript of grades from University/College (if applicable)
- Copy of Letter of Acceptance from University (if applicable)
- Letter of Reference from Teacher/Guidance Counsellor

10. CERTIFICATION

I certify that the above information is complete and accurate to the best of my knowledge.

Applicant's Signature _____ Date _____

Parent's Signature _____ Date _____