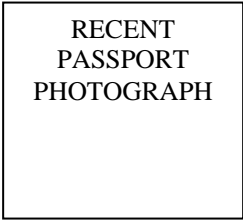


GOVERNMENT OF GRENADA
APPLICATION FOR COMMONWEALTH AWARD
(Graduate Study)



PLEASE READ THE FOLLOWING BEFORE COMPLETING THE FORM:

1. This form must be completed and returned to the Human Resource Development (HRD) Unit & Scholarship Desk, Ministry of Education, **NO LATER THAN SEPTEMBER 30 LATE AND/OR INCOMPLETE FORMS WILL NOT BE CONSIDERED.**
2. 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.
3. All applications must be accompanied by **CERTIFIED PHOTOCOPIES** of all original diplomas, certificates, awards and birth certificate as well as original and current recommendations prepared by the three (3) persons identified on Page 3. Copy of the university admissions letter must be provided.
4. Applications that are not accompanied by the foregoing documents will be deemed incomplete and will not be processed.
5. Applicants must have official university transcripts of all undergraduate and/or post graduate diplomas and degrees forwarded by their university (ies) to this Department for the attention of the Head of Human Resource Development Unit and Scholarship Desk.
6. **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.**

PERSONAL DATA:

National I.D Number: _____

First Name:

Surname:

Birth date (dd/mm/yy):

Sex (M/F) [] Marital Status:

Nationality:

Country of Residence:

If resident overseas for past two (2) years, please state the purpose:

Home Address:
(Street/Village)

(Town)

(Parish)

Mailing Address
(Street/Village)

(Town)

(Parish)

Email:

Phone (or nearest phone):

OTHER:

Extra Curricular Activities/Interests:

PROGRAMME YOU ARE APPLYING FOR:

Name of Programme: Specialty:

Level of Study: Diploma Bachelors Masters PhD

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

Institution: Country:

ATTACH STATEMENT OF COSTS FROM THE INSTITUTION

EDUCATION (Please indicate the number of passes obtained for each level):

GCE A' Level CAPE CXC O'Level GCE O'Level

HIGHER CERTIFICATES (Degree/Diploma/Other)

Subjects or Area of Study	Level	Institution Attended	Year Completed
1.			
2.			
3.			
4.			

PREVIOUS AWARDS AND DATES OF STUDY

SPONSOR	START DATE OF SPONSORSHIP	END DATE OF SPONSORSHIP

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: _____

REFERENCES (Name three (3) persons whom you have asked to provide recommendation on your behalf). Two (2) referees should be academic – persons who have taught you in an area of study relevant to your proposed course. The third may be your employer or someone with whom you have/had a professional relationship.

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

NOMINATION SECTION (FOR PUBLIC OFFICERS)

TO BE COMPLETED BY PERMANENT SECRETARY/HEAD OF DEPARTMENT AND SUPERVISOR

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

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

DATE

SIGNATURE

PERMANENT SECRETARY/HEAD OF DEPARTMENT

SIGNATURE

<input type="text"/>	<input type="text"/>	<input type="text"/>
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DATE

This section to be completed by the Permanent Secretary/Head of Department of the Ministry/Department to which the area of study being pursued is most applicable, if not the applicant's current Ministry/Department.

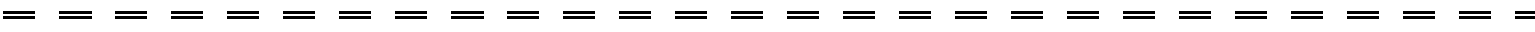
The applicant is expected to **Begin** employment with this Ministry/Department. Yes No

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 accurate. I have enclosed the required supporting documents (Certificates, supporting documents, etc).

Signature of Applicant: _____

Date: