Government of Montserrat
MONTSERRAT ISLAND SCHOLARSHIP
APPLICATION FORM

PERSONAL INFORMATION

Name:	*First Name*	*Last Name*	*Middle Initial*
Title:	☐ Mr.	☐ Mrs.	☐ Miss
Gender:	☐ Female	☐ Male	
Permanent Address:			
Telephone Home:		**Cell:**	
Email:			
Date of Birth:	*(dd/mm/yyyy)*		
Nationality:		**Country of Birth:**	
Passport#:			
Last School Attended:			

PROPOSED COURSE OF STUDY

Area of study			
Level			
Duration			
Institution			
Acceptance	Unconditional ☐	Conditional ☐	None ☐

ANTICIPATED COST OF TRAINING(EC$):

Tuition and related fees	
Accommodation and meals	
Travel	
Other Costs (specify): i.	
ii.	
iii.	
TOTAL	

EDUCATION SUMMARY

If possible attach copies (NOT Originals) of your academic transcripts and certificates. Indicate any courses currently being taken, expected date of completion, and the qualification to be obtained. (continue on a separate page, if necessary)

A-Levels (CAPE)			
Qualification	**Area(s) of study**	**Date**	**Institution and Country**

O-Levels (CSEC)			
Qualification	**Area(s) of study**	**Date**	**Institution and Country**

CO-CURRICULAR ACTIVITIES

Clubs or Organisations *Please provide a list of clubs or organisation you are/have been a member of, positions of authority etc.*			
Club/Organisation	**Membership level**	**Date**	**Achievement(s)**

ESSAY/PERSONAL STATEMENT

REFERENCES

Academic Referee *(This reference should confirm your performance at school both in terms of your suitability for higher education and your conduct and deportment.)*			
Name:	*First Name*	*Last Name*	*Middle Initial*
Title:	☐ Mr.	☐ Mrs.	☐ Miss
Address:			
Telephone Home:		**Cell:**	
Email:			

Personal Referee *(This reference should confirm your participation in extra-curricular and/or community life.)*			
Name:	*First Name*	*Last Name*	*Middle Initial*
Title:	☐ Mr.	☐ Mrs.	☐ Miss
Address:			
Telephone Home:		**Cell:**	
Email:			

SIGNATURE OF APPLICANT: _____

DATE: _____

Please return the completed form to:

Chairman
National Training and Scholarship Advisory Committee
Human Resources Management Unit
Office of the Deputy Governor
P.O Box 292
Brades Montserrat

Tel: 664-491-2693
Fax: 664-491-9751
Email: training@gov.ms