



GOVERNMENT OF GRENADA SCHOLARSHIP APPLICATION FORM FOR CUBA

RECENT
PASSPORT
PHOTOGRAPH

PLEASE READ THE FOLLOWING BEFORE COMPLETING THE FORM:

1. Applicants must be Grenadian nationals, normally resident in Grenada.
2. To be eligible for selection, applicants must be between the ages of 16 – 25 years and must possess a minimum of six (6) O'Level passes. Applicants for the field of medicine must secure A 'Level passes in the sciences.
3. This form must be completed and returned to the Scholarship Desk, Ministry of Education and Human Resource Development by **the date on the announcement**. **LATE AND/OR INCOMPLETE FORMS WILL NOT BE CONSIDERED.**
4. Applicants must possess a valid **PASSPORT** the number of which must be included in the application form.
5. The application must be accompanied by **CERTIFIED PHOTOCOPIES** of all diplomas, certificates, birth certificates, marriage certificates, college transcripts, two reference letters and ten (10) 1x1inch photographs. Spanish translated versions of all documents including police record and medical certificate will be required at a later date.
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: _____ Email: _____

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

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

Denomination / Religion: _____

Passport #: _____ Date of Issue: _____ Expiry Date: _____

Next of Kin: _____ Relationship: _____

Ministry of Education, Religious Affairs at _____

Scholarshipdesk@gmail.com
1-473-440-2737
Cuba Application Form

Address:

Work Address:

Phone #

Email Address:

SECTION B: PROGRAMME YOU ARE APPLYING FOR

Name of Programme:

Specialty:

Level of Study: Bachelor's Medical Specialization

Start Date (dd/mm/yy):

Duration (years):

Did you receive any government assistance/scholarship previously? Yes No

If yes, please state _____

SECTION C: ACADEMIC QUALIFICATIONS

CXC/GCE

A' Level / CAPE

Year	Examining Body	Level	Subject	Grade

Year	Examining Body	Level	Subject	Grade

HIGHER EDUCATION (Associate, 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.

Ministry of Education, Human Resource Development, Religious Affairs and Information

Scholarshipdesk@gmail.com

1-473-440-2737

Cuba Application Form

SECTION (i):

Applicant's Employment Status: Employed Self-Employed Unemployed

Duration of Employment: Number of Dependents: Annual Income of Applicant:

Total Annual Family Expenditure: Total Annual Family Income

=====

SECTION (ii) Unemployed Applicants:

Name of Spouse: Occupation:

Name and Address of Employer:

Annual Income of Spouse:

SECTION (iii):

Name and Address of Primary Sponsor/Parent/ Guardian:

Relationship: Occupation of Primary Sponsor/Parent/ Guardian:

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:

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

**Income Per Month of Self Sponsored Applicant
or Primary Sponsor/Spouse/Parent/Guardian**

Salary
Other

Gross Income \$
Net Income \$

**Expenditure Per Month of Self Sponsored applicant
or Primary Sponsor/Spouse/Parent/Guardian**

Mortgage
Rent
Utilities
Loans
Hire Purchase
Groceries
Insurance
Transportation
Other

Total \$

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"/>
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 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:

<input type="text"/>	<input type="text"/>
SUPERVISOR	POSITION

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

DATE

<input type="text"/>

PERMANENT SECRETARY/HEAD OF DEPARTMENT

SIGNATURE

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.

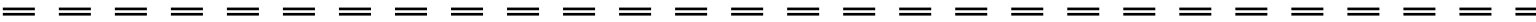
The applicant is expected to **Begin** employment with this Ministry/Department. Yes No

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 correct to the best of my knowledge and belief. I have enclosed the required documents (Certificates, supporting documents, etc).

Signature of Applicant: _____

Date: