



**Turks & Caicos Islands Government
Ministry of Education, Youth, Sports, Library Services**

Attach
Photo Here

SCHOLARSHIP/GRANT APPLICATION FORM

INSTRUCTIONS: PLEASE PRINT IN BLOCK LETTERS

Surname: _____ First Name: _____ Middle Initial: _____

Date of Birth ____/____/____ Sex: Male Female Place of Birth: _____
D M Y

If government employee please state Ministry or Department: _____

(N.B. Evidence of approval to undertake studies must be attached to application from Immediate Supervisor)

Address: _____

Telephone # : (Home) _____ (Mobile) _____ (Work) _____

Email: _____

Name of Next of Kin: _____ Relationship: _____

Address of next of Kin (if different from above): _____

Telephone #: (Home) _____ (Mobile) _____ (Work) _____

Email: _____

Please List your Academic Qualifications:

Examining Body	Year	Qualification Level	Subject	Grade

What kind of financial assistance are you applying for? Full Scholarship Partial Funding Grant

Course intending to pursue: _____

Level: Advance Level CAPE Associates Degree Bachelors Degree Masters Degree Other _____

Estimated start date: _____ Estimated completion date: _____

Turks and Caicos Community College applicants: **Indicate which campus:** Providenciales Grand Turk

(Other Applicants) Institution applied to: _____

Country: _____ First Choice Second Choice

Status of Application: Pending Acceptance Accepted Conditional Offer Unconditional offer

Estimated cost (including tuition, accommodation and books) \$ _____

(Other Applicants) Institution applied to: _____

Country: _____ First Choice Second Choice

Status of Application: Pending Acceptance Accepted Conditional Offer Unconditional offer

Estimated cost (including tuition, accommodation and books) \$ _____

Were you ever awarded a Government Scholarship? Yes No (circle one)

If you answered "yes" above, please complete the table below:

Period	Course	Qualifications

I certify that the information on this form is accurate. I accept that the provision of false information automatically disqualifies my application favourable consideration by the Scholarship Board.

Signature _____
D M Y

FOR OFFICIAL USE ONLY

Date received in Office: ____/____/____

Date Submitted to the Board: ____/____/____

Decision: Approved Not Approved Pending

THE DEADLINE FOR THE SUBMISSION OF ALL APPLICATIONS IS NO LATER THAN 30TH APRIL EACH YEAR. (Revised 2018)