



**UWI (CAVE HILL) CO-OPERATIVE CREDIT UNION LIMITED  
POSTGRADUATE DEGREE SCHOLARSHIP**

**APPLICATION FORM**

**Name of Applicant:** .....

**Address:** .....  
.....

**Telephone No** ..... **(Home)** ..... **(Cell)**

**(Email)** ..... **Date of Birth:** ..... (d/m/y)

**Parent's Information:**

**Mother's name:** ..... **Occupation:** .....

**Name of Employer:** ..... **Date of Employment:** .....(d/m/y)

**Father's name** ..... **Occupation:** .....

**Name of Employer:** ..... **Date of Employment:** .....(d/m/y)

**Schools/Colleges attended**

<b>Name</b>	<b>From</b>	<b>To</b>	<b>Certificates/Diplomas Obtained</b>

**Name of institution at which you intend to study:** .....

**Intended course of study:** .....

**Duration of Course:** ..... **Proposed commencement date:**  
.....(d/m/y)

**Have you been accepted?**     Yes     No    **If yes, please submit documentary evidence.**

**State the reasons for applying for this scholarship and explain the career path you wish to pursue on graduation:**

.....  
.....  
.....

.....  
**Signature of Applicant**

.....  
**Date**

**NB.**    Applications will not be processed unless accompanied by certified copies of educational certificates together with proof of acceptance from the institution at which you intend to study. Two references must be submitted with the application with at least one from an academic referee. Documentary evidence of financial need should also be provided.