

**Government of the Virgin Islands, Ministry of Education & Culture**

2015/2016 Academic Year Deadline for Receipt of Applications for Funding is  
**OCTOBER 31, 2014**



## **Virgin Islands Scholarship Programme**

### **Virgin Islands Abroad Scholarship Application Form**

#### **Applicant's Instructions:**

Please read all Instructions carefully before completing the enclosed forms. Please **PRINT** or **TYPE** the information requested on the attached application and return with the required documents to the Ministry of Education & Culture.

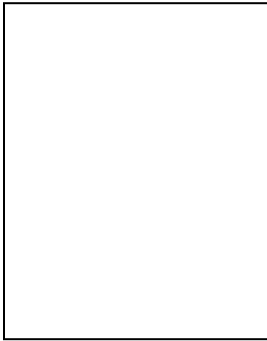
#### **SECRETARY, SCHOLARSHIP COMMITTEE**

c/o Ministry of Education & Culture  
Government of the Virgin Islands  
Central Administration Complex  
Road Town, TORTOLA VG1110  
**VIRGIN ISLANDS**

**Tel: 284-468-3701 Ext. 2151 OR 284-468-0632      Fax: 284-468-3343**

**E-Mail: [me&c@gov.vg](mailto:me&c@gov.vg)**

***“Professional Services Delivered to the Public”***



## ***PART I – Personal Data***

Gender:      Male      Female

Social Security Number: \_\_\_\_\_ Title:   Mr.   Miss   Ms.   Mrs.

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Are you a V.I. Citizen?      Yes\*   No      If no, Country of Citizenship: \_\_\_\_\_

Are you a V.I. Belonger?      Yes\*   No      Are you residing in the V.I.?   Yes      No      If yes, how long? \_\_\_\_\_

Do you have a Valid Passport?      Yes   No      If yes, Passport No.: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Nationality of Passport: \_\_\_\_\_

**\* Proof of status is required: a copy of your Birth Certificate, Passport or Belonger Card.**

State the names and dates of all the places that you have resided in over the past three (3) years. College students studying abroad should not complete this section, but should include the information under Educational History.

Places	Purpose	Duration
_____	_____	_____
_____	_____	_____

Are you currently employed?      Yes      No

Job Title: \_\_\_\_\_

Employer: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (      ) \_\_\_\_\_ Monthly Salary \$ \_\_\_\_\_

Length of Employment: \_\_\_\_\_ Date Started: \_\_\_\_\_ (M/Y)

If employed by the V.I. Government, what is your appointment?

Permanent & Pensionable

Temporary

Contract

Has your employer been informed of your educational plans?

Yes

No

If no, why not? Explain: \_\_\_\_\_

Have you ever applied for a V.I. Scholarship Programme Scholarship?

Yes

No

Have you ever been awarded a V.I. Scholarship Programme Scholarship? Yes

No

If yes, when? \_\_\_\_\_ to pursue studies in \_\_\_\_\_

Where? Give name and location of training institution: \_\_\_\_\_

How long was the scholarship granted for? \_\_\_\_\_ How many years were you bonded? \_\_\_\_\_

How many of your bonding years have you already served? \_\_\_\_\_

What qualification did you earn? \_\_\_\_\_

Have you ever been awarded a Scholarship:

Yes

No

If yes complete below:

Type of Scholarship	Duration	Area of Study	Institution Attended	Qualifications Earned

Have you applied to any college/university for admittances?

Yes

No

If yes, is this the institution you are applying for funding?

Yes

No

Have you been accepted to any of the colleges you have listed

Yes

No

Are you currently awaiting acceptance from a college or university?

Yes

No

Are you currently enrolled in a college/university?

Yes

No

If yes, is this the institution you are seeking funding for?

Yes

No

Have you even been placed on academic probation at a college/university?

Yes

No

Have you ever been expelled or asked to withdraw from a college/university?

Yes

No

## ***PART II – Educational Data***

	Elementary/Primary	High School	College/University
School's Name			
Address			
Years Completed			
Diploma/Degree			
Describe course of study, specialized training, apprenticeship, vocational skill training and any other extra curricular activities involved in.	<b>High School</b>		
	<b>College/University</b>		
	<b>Honours Received</b>		

**Please submit supporting documents of your education history**

Have you taken any CXC or GCE Examinations?

Yes

No

If yes, list exams and grades in the section labeled below, then complete the other section with the information taken from your school-leaving certificate. Use the examples as a guide.

<b>CXC (Caribbean Examination Council) GCE (General Certificate of Education)</b>			<b>School Leaving Certificate Grade _____</b>		
<b>Subject</b>	<b>Proficiency</b>	<b>Grade</b>	<b>Subject</b>	<b>Grade</b>	<b>Level</b>
Eg. English A	General	One (I)	Social Studies	Credit	50

**Attach copy(ies) of certificates**

Have you taken any A-Level or Royal School of Music Examinations?

Yes

No

If yes, list exams and grades in the section labeled below.

<b>Royal School of Music</b>		
<b>Subject</b>	<b>Level</b>	<b>Grade</b>
Eg. Flute	Theory	Five (5)

**Attach copy(ies) of certificates**

### ***PART III – Institutions Data***

#### **First Choice**

Area/Subject of Study (Major): \_\_\_\_\_

Institution: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (      ) \_\_\_\_\_

Director of Admissions: \_\_\_\_\_

Accreditation: \_\_\_\_\_

Expected Years of Training: \_\_\_\_\_

Cost Per Semester/Trimester: \_\_\_\_\_

Cost of Training Per Years: \$ \_\_\_\_\_

Expected Qualification Upon Completion of Study: \_\_\_\_\_

**Please submit official cost breakdown for each college or university you have listed as a place you are studying or where you plan to study. You may submit a catalogue from the college or university, which will be very helpful.**

<b>Items</b>	<b>Cost</b>
Tuition	\$
Student Fees	\$
Comp./Lab Fees	\$
Room (Rent)	\$
Board (Meal)	\$
Insurance	\$
<b>Total</b>	<b>\$</b>

#### **Second Choice**

Area/Subject of Study (Major): \_\_\_\_\_

Institution: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (      ) \_\_\_\_\_

Director of Admissions: \_\_\_\_\_

Accreditation: \_\_\_\_\_

Expected Years of Training: \_\_\_\_\_

Cost Per Semester/Trimester: \_\_\_\_\_

Cost of Training Per Years: \$ \_\_\_\_\_

Expected Qualification Upon Completion of Study: \_\_\_\_\_

<b>Items</b>	<b>Cost</b>
Tuition	\$
Student Fees	\$
Comp./Lab Fees	\$
Room (Rent)	\$
Board (Meal)	\$
Insurance	\$
<b>Total</b>	<b>\$</b>

## ***PART IV – Biographical Data***

**Each applicant MUST complete this section, you may need additional space.** You may submit this on a separate sheet of paper. In a minimum of 100 words use the space provided to give a brief biography of yourself. It should include a short personal history and any additional information that would allow us to become more familiar with you, your educational goals and objectives, or career path while also detailing the benefits of your choice of study to the Territory. This information will be used to assist us in considering your application for a V.I. Scholarship. Each member of the scholarship committee will review your brief biography and your future goals.

[illegible]

## ***PART V – Family Data***

Are you the head of your household? Yes No

Do you live with your parents? Yes No

Number of persons in your household? \_\_\_\_\_ Position in the family (Eg. 4<sup>th</sup> Child) \_\_\_\_\_

Who do you live with (**CIRCLE** all that applies)

**Mother** **Father** **Guardian** **Spouse** **Brother(s)** **Sister (s)** **Child/Children**

Number of Dependent(s) (children/family members): \_\_\_\_\_

Marital Status: **Single** **Married** **Separated** **Divorced**

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Nationality\*: \_\_\_\_\_ Nationality\*: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Job Title: \_\_\_\_\_ Job Title: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

Monthly Salary: \_\_\_\_\_ Monthly Salary: \_\_\_\_\_

**\*Please submit proof of parents' national status: Birth Certificate, Passport, Belonger Card, Etc.**

Please be reminded that the scholarship programme is an assistance programme and even if a full scholarship award is granted by the Ministry, the value cannot exceed \$18,000.00 per year per student. **As such, you/your family will have to contribute towards your education.** The value of the award is determined by need, and generally covers the cost of tuition, fees, room, board, insurance and books. Now that you/your family have considered your financial situation, please indicate what you/your family's contribution will be.

\$ \_\_\_\_\_ per year

**Upon receipt of the scholarship, you will be bonded to return to work in the Territory, failure to do so, you will be obligated to repay, in full, the amount of the scholarship plus interest. Give the name of your surety for the bond.** A surety is someone other than the applicant who promises to answer for the debt or obligation to the Government on the applicant's behalf. **The surety must be a V.I. Citizen or Belonger residing in the V.I.**

PRINT Name of Surety: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Citizenship\*: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No. (Home): \_\_\_\_\_ (Work): \_\_\_\_\_

Job Title: \_\_\_\_\_ Employer: \_\_\_\_\_

Relationship to you: \_\_\_\_\_ Surety's Signature: \_\_\_\_\_

## ***PART VI – Certification Data***

### **CERTIFICATION:**

I, \_\_\_\_\_ OF \_\_\_\_\_ CERTIFY that  
(Name of Applicant) (Local Address)

the statements made by me in part I of this form are true, complete and correct to the best of my knowledge.

If accepted for an award, I undertake to:

- A) carry on such instructions and abide by such conditions as may be stipulated by the government in respect of this course of study/training.**
- B) follow the course of study/training and abide by the rules of the establishment of institution at which I study or train.**
- C) submit any progress reports that may be prescribed which include arranging for my transcripts to be sent to the Ministry of Education & Culture at the end of each semester or quarter.**
- D) return to the Virgin Islands at the end of my course of study.**

I fully understand that if I am granted an award, its continuation depends on my continued good conduct and satisfactory progress as determined by the Government of the Virgin Islands.

I further understand that there will be no automatic extension of an award; and if I wish to transfer from one institution to another, or change any part of my study, I must seek prior approval from the Ministry of Education & Culture. Therefore by affixing my signature to this document, I hereby acknowledge that I have read and understand the above written statements.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)