Government of Saint Lucia

Ministry of Health, Wellness,
Human Services & Gender Relations
Sir Stanislaus James Building
Waterfront, Castries

SCHOLARSHIP APPLICATION FORM

10TH EDF NIP

PERSONAL INFORMATION

Surname: _____ First Name: _____ Middle Name: _____

Date of Birth: DD/MM/YYYY Nationality: _____ NIC #: _____ Sex: M ☐ F ☐

Home Address: _____

_____

_____

_____

Mailing Address: _____

_____

_____

Home Tel #: _____ Work Tel #: _____ Mobile #: _____

Email Address: _____

EMPLOYMENT INFORMATION

Staff ID: _____ Position: _____

Date Appointed to Current Post: DD/MM/YYYY Date Entered Service: DD/MM/YYYY

Monthly Salary: _____ Grade: _____ Weekly Wages: _____

Department: _____

Place of Work: _____ Region: _____

Employment Status: Permanent: ☐ Contract: ☐ Wages/Temporary: ☐

Current Roles & Responsibilities:

EDUCATIONAL ACHIEVEMENTS

	Educational Institution	Qualifications Attained	Year of Graduation
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

Have you ever been the recipient of a scholarship award or financial assistance to pursue a study programme?
Yes ☐ No ☐

If yes, please indicate the following:

Funding Agency: _____

Area & Level of Study: _____

Start Date: DD/MM/YYYY End Date: DD/MM/YYYY Duration: ☐ Days Weeks Months Years
(Circle Appropriate)

Type of Award: Full-Scholarship ☐ Partial-Scholarship ☐ Financial Assistance ☐

If you received a partial-scholarship or financial assistance, please give details: _____

TRAINING INFORMATION

Area of Study: _____

Level of Study: Associate Degree ☐ Professional Certificate ☐ Diploma ☐
Master's Degree ☐ Bachelor's Degree ☐ Certificate ☐

Educational Institution: _____

Country: _____

Start Date: DD/MM/YYYY End Date: DD/MM/YYYY Duration: _____

Delivery Mode: Full-Time ☐ Online ☐ Modular (online & on-site) ☐ Part-Time ☐

Brief statement of purpose for applying for this training programme: (attach separate sheet if necessary)

DD/MM/YYYY
Date

Signature

TO BE COMPLETED BY HEAD OF DEPARTMENT/DIVISION

Name: _____ Position: _____

Officer Recommended for Training? Yes ☐ No ☐

DD/MM/YYYY
Date

Terms and Conditions

Approval: Approval will be confirmed in writing, prior to the course commencement date, and is subject to:

(1) Receipt of the completed Training Application Form
(2) Letter of acceptance from a recognized Institution prior to the course commencement date
(3) Certified copies of all certificates, where applicable
(4) Submission of a completed Statement of Conduct and Work Ethics Form
(5) Submission of a completed Study Leave Application Form
(6) Availability of funding.

All applications will be reviewed by the HR Committee of the Ministry of Health for final selection and approval.

Cancellation: Requests for cancellation must be received in writing and acknowledged by The Ministry of Health.

Bonding: All successful applicants will be subject to bonding as per Public Service Rules and Regulations.

Educational Institution: Please note that this is European Union (EU) sponsored project and as such a learning institution within the European Union and ACP countries is required.

Tuition Fees: Applicants are required to submit a copy of the Fee Schedule from their chosen educational institution along with the Training Application Form. The Ministry of Health reserves the right to reject applications to pursue courses of study at international institutions when a comparable programme is available in the Caribbean Region.