

THE GWP & CO. SCHOLARSHIP TRUST

BARBADOS IDENTIFICATION CARD NO.									

(Attach copies of Certificates/Diplomas and/or Academic records from University or College Transcripts and Birth Certificate or other evidence of Barbadian Citizenship, together with a recent photograph).

A. PERSONAL DATA

SURNAME: Mr./ Mrs./ Miss:	Date of Birth	YEAR	MONTH	DAY
CHRISTIAN NAME (S):	Sex: MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>			
PERMANENT ADDRESS IN BARBADOS	Place of birth:			
ADDRESS FOR CORRESPONDENCE (if not as above)	MARITAL STATUS: Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/>			
TELEPHONE NO:(S) Home: Work:	NO. OF CHILDREN: AGES:			
OCCUPATION	NO. OF DEPENDANTS: AGES			
ANNUAL INCOME (if any)	NAME OF EMPLOYER/SCHOOL			
ARE YOU ON LEAVE FROM YOUR JOB <input type="checkbox"/>	TERMS AND CONDITIONS OF LEAVE			

<p>NAMES AND ADDRESS OF PARENT/GUARDIANS</p> <p>(a) _____ _____ _____</p> <p>(b) _____ _____ _____</p>	<p>CITZENSHIP:</p> <p>(a) _____</p> <p>(b) _____</p>
<p>OCCUPATION(S) OF PARENTS/GUARDIANS:</p> <p>(a) _____</p> <p>(b) _____</p>	<p>NO. OF DEPENDANTS OF PARENT/GUARDIANS:</p> <p>(a) _____</p> <p>(b) _____</p>

B. EDUCATIONAL RECORD:

Details of Institution at which you have received your academic and/or professional education:			
INSTITUTION	COUNTRY	DATES	
		FROM	TO

B. QUALIFICATIONS EARNED (State Level):

ACADEMIC/PROFESSIONAL	BODY	DATE RECEIVED	DATE EARNED

F. REFERENCES (Must be a person resident in Barbados)

1.	SURNAME:	_____
	CHRISTIAN NAME(S):	_____
	ADDRESS:	_____ _____
	CONTACT NO.:	_____
	PROFESSION:	_____
2.	SURNAME:	_____
	CHRISTIAN NAME(S):	_____
	ADDRESS:	_____ _____
	CONTACT NO.:	_____
	PROFESSION:	_____
3.	SURNAME:	_____
	CHRISTIAN NAME(S):	_____
	ADDRESS:	_____ _____
	CONTACT NO.:	_____
	PROFESSION:	_____ _____

G. SIGNATURE

I hereby declare that the information given in this application is true and correct	
_____	Signature
_____	Date