

**THE CARTER AND HUTSON MEMORIAL SCHOLARSHIP TRUST**

"NEXUS HOUSE" - LIGHTFOOT LANE - BRIDGETOWN - ST. MICHAEL BB 11136

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	FEMALE	
PERMANENT ADDRESS IN BARBADOS	Place of birth:			
	Citizenship:			
ADDRESS FOR CORRESPONDENCE (if not as above)	MARITAL STATUS:	Single		
	Married	Widowed		
	Separated	Divorced		
TELEPHONE NO (S)  Home:  Work:  Mobile:  Email:	NO. OF CHILDREN:			
	AGES:			
OCCUPATION	NO. OF DEPENDANTS:			
	AGES:			
ANNUAL INCOME (if any)	NAME OF EMPLOYER / SCHOOL			
ARE YOU ON LEAVE FROM YOUR JOB	TERMS AND CONDITIONS OF LEAVE			
ARE YOU A MEMBER OF THE BARBADOS POICE CO-OPERATIVE CREDIT UNION LIMITED				
YES <input type="checkbox"/> NO <input type="checkbox"/>		DATE OF JOINING:		
IS YOUR PARENT(S)/GUARDIAN(S) A MEMBER OF BARBADOS POLICE CO-OPERATIVE CREDIT UNION LIMITED				
YES <input type="checkbox"/> NO <input type="checkbox"/>		DATE OF JOINING:		

<p>NAMES AND ADDRESSES OF PARENT / GUARDIANS</p> <p>(a) _____          _____          _____</p> <p>(b) _____          _____          _____          _____</p>	<p>CITIZENSHIP:</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

ACADEMIC / PROFESSIONAL	BODY	DATE RECEIVED	DATE EARNED

**C. STUDY PROGRAMME**

NAME AND ADDRESS OF INSTITUTION AT WHICH REGISTERED:	
QUALIFICATION SOUGHT:	Date of Commencement of Studies
PROPOSED PERIOD OF STUDY: From:                      To:	Date of Return to Barbados
TOTAL COST OF YOUR STUDY PROGRAMME: \$BDS _____	
MEANS OF FINANCING STUDY PROGRAMME	
SOURCE	AMOUNT

**D. OTHER SCHOLARSHIP/BURSARIES FOR WHICH YOU HAVE APPLIED AND/OR ARE APPLYING.**

NAME/TYPE OF SCHOLARSHIP/FELLOWSHIP	DONAR BODY COUNTRY	LENGTH OF AWARD	
		FROM	UNTIL

HOW DID YOU LEARN ABOUT THE SCHOLARSHIP:



**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